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Abstract

The present study describes the oral narratives of eighteen women born between 1945 and 1976, who experienced child sexual abuse (CSA). The purpose of this investigation was to find out if women's private memories of CSA conformed or differed from past public representations such as delinquency? An oral history approach as theorized by the Popular Memory Group, which purports that memories are composed or constructed with public and private sources to create individual memories, was used as the basis of this inquiry. Data analysis consisted of using women's life histories as a collection of narratives within chronological time periods and of analyzing shared emergent themes using feminist and trauma models. Eight of the nine women born between 1945 and 1958 (the first cohort) described incidents of child sexual abuse that began in their preschool years. In comparisons, three of nine women born between 1961 and 1976 (the second cohort) experienced sexual abuse as preschoolers. Not all women were able to specifically identity media images and stereotypes of child sexual abuse, but many were able to identify general trends of how CSA was depicted by the "media" (this term was not defined by many women). For example one trend identified by women was that CSA is still under the carpet. Among those women who did identity specific media sources and images, only a few sources of media were found to represent women's experiences of child sexual abuse with some degree of accuracy and these were autobiographical books, and a select group of movies and fictional books. Women rejected stereotypes of being pathetic and heroic survivors.

Acknowledgment

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Dedication

May this work generate understanding and acceptance among those who never experienced the traumas described within these pages.

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The Well: An Introduction

I follow behind my mothers' footsteps, two steps to one. Pitter-patter sounds waft out as the wooden slates of the walk spring yielding to the rhythm and weight. Weather forces now past, but still present, have left their traces of sun, rain, and snow in the crevices and grayness of the wood that lies beneath my feet. Reaching the well, a clunking sound echoes out as my Mother throws open the cover, a sign of its halting momentum.

"Now stand behind me", commands my Mother.

"But please Mommy can't I just look in?" I ask.

She turns around and surveys my face. Splinters of softness appear over her face. "Okay, you may, but be careful."

Willing legs, arms, and hands to stretch out to reach the top of the well. I can do it! With tightly stretched arms and rough scratchy wood beneath my palms, I peer in over the wooden wall. Billowy puffs of breath blow out as I send my breath down into darkness.

"Mommy, I ask, "Are there trolls down in the well?"

"Why no! That is only in fairytales. There is nothing down there but water. I will show you."

She lifts the galvanized pail and lowers it down into the well. The pail descends, becoming smaller and dark, then suddenly is gone. Plop.

A faint shimmering catches my eye. It is the pail splashing down into the water. My Mother waits a second and then starts to pull on the rope. Water swishes from the swinging motion of the bucket as it ascends up the wooden shaft. The creaking and groaning sounds from the pulley distinctly ring out as if to say pull, pull, pull, me up. As the bucket reaches the top strong arms catch the bucket and pull it to the ground.

The dark deep well serves as a metaphor for the trauma of childhood sexual abuse (CSA). Inside this well trolls represent perpetrators of sexual trauma who for the most part are male. Instead of the little girl becoming the disturbed or damaged one, the trolls accurately portray themselves as the hideous creatures. This is contrary to current sociological and medical discourse surrounding CSA, for it was women and children who invariably assumed defectiveness of character. The dark deep well is also similar to van der Kolk and McFarlane's (1996) reference to trauma as "the dark hole" where traumatic memories maybe fragmented and poorly integrated into consciousness, or totally forgotten. The meaning of this metaphor may be also broadened to refer to the darkness that surrounded consciousness of CSA as it was postulated to be a fantasy or a rare phenomenon for the major part of the twentieth century.

In the following chapters CSA will be explored through an oral history project of women who experienced CSA during the 1940s to the 1970s. How I arrived to engage in this investigation is a blending of my previous academic work, which concentrated on the question of how women who experienced child sexual abuse came to terms with the question of why it happened to them, my experiences as a clinical nurse/nurse educator/academic/woman and the lack of literature that addressed how ideologies of child sexual abused impacted women. With respect to my previous academic work, I concentrated on analyzing women's experiences of CSA through qualitative content analysis. Through this work, which was completed in the early part of the 90s, I found women were engaged in a process of remembering the CSA and of integrating it into their lives. My position as clinical nurse/nurse educator/academic/woman further influenced me to continue examining CSA as I encountered women who either knew others or were themselves sexually abused as children. As I entered graduate studies once again, I concentrated on CSA, this time from a historical perspective. So I came to understand child sexual abuse more fully as a historical phenomenon and as something that one lives with.

The following chapters examine CSA as a historical phenomenon rooted to differing ideologies throughout the twentieth century as expressed through printed discourses and in women's private memories of themselves. In this examination, I start with a brief examination of some historical ideologies in the chapter, *Framing Historical Inquiry* that influenced societal consciousness of CSA. In the next chapter, entitled *Literature Review*, both historical and more recent medical literature are examined as to understand how various sources of medical discourse positioned children and women who experienced CSA and the perpetrators of CSA. The following chapters discuss theoretical and methodological issues that I considered and used during this project and are named *Theoretical Considerations* and *Methodical Considerations.* Following this the oral narratives of the eighteen women who were included in the data analysis are presented. A major part of this thesis describes the first cohort of women (who are also referred to as the older cohort). They were born between 1945 and 1958. Their lives are described according to developmental time periods such as preschool years and early school years, adolescence, and adult years. Following a discussion of these developmental time periods, *Women's Experiences with Therapy and Disclosure*, are presented. Women from the second cohort (who are also referred to as the younger cohort) were born between 1961 and 1976. Their lives are examined using the same format that was followed for the first cohort in *Second Cohort: Women Born in the 60s and 70s*. The second last chapter, which is entitled *Media,* examines women's perceptions of media and the impact that public ideologies and other forms of public memory had on women's lives. Finally the last chapter provides concluding remarks, and a discussion of areas for further research, personal reflections and implications of this project for nursing.

Framing Historical Inquiry

My consciousness of CSA as a phenomenon with historical ties has evolved over a period of 15 years. Initially my awareness of CSA was connected to my nursing experience and female friends who confided to me. For example, one woman who experienced father-daughter incest suffered from epilepsy with depressive symptoms. Another had been stripped of her clothes, raped, and left tied to a tree. And lastly another who had experienced father-daughter incest was also gang raped at a party. At this point in my life, my consciousness of gender oppression was just budding. Some of these individuals were of lower socioeconomic class and also labeled with psychiatric disorders. Layers of stigma covered these women and I feared that it could just as easily have been me living this experience. Then my awareness became tied to the empirical literature (i.e. the myriad of symptoms associated with CSA). I found out that CSA significantly affects a substantial proportion of Canadian women. Local surveys suggest that 21% to 28% of Canadian women have experienced CSA (Bagley & Ramsay, 1986; McKenzie, 1991). These figures are consistent with prevalence surveys that used random sampling techniques, stringent definitions of CSA, and interviewing techniques designed to establish rapport and elicit disclosures (Finkelhor, 1994). To put a human face to this, for every five women who are seen at random walking down the street, one of them will have experienced some form of CSA of varying degree. Suffice it is to say that this experience is highly individual as the type of CSA that is experienced will vary. For example, from a review of retrospective prevalence international surveys, Finkelhor (1994) estimated that 20 to 25% of all women who report CSA experiences have experienced vaginal penetration or oral-genital contact. To continue with our example of women met randomly on the street, approximately every hundredth women will have experienced some form of genital contact.[1] The perpetrator is a family member for approximately one-third to one-half of all women.

Despite, the variation in type of CSA and relationship of perpetrator(s) to women, there are unfortunately symptoms of varying severity associated with it (Briere & Elliott, 1994; Everett & Gallop, 2001; Neumann & Houskamp; 1996; Oddone, Genuis & Violato, 2001). Although research on the impact has only been conducted over the last twenty years, enough evidence from hundreds of retrospective studies points to an association of symptoms (Neumann & Houskamp; 1996; Oddone, Genuis & Violato, 2001). Symptoms can be categorized as consisting of posttraumatic stress disorder, cognitive distortions, emotional distress, avoidance behaviors, interpersonal difficulties, and physical symptoms. Posttraumatic stress disorder is a condition where individuals relive traumatic events with the same intensity of emotions and senses that occurred in the original events (van der Kolk & McFarlane, 1996). Cognitive distortions commonly experienced are low self-esteem, self-blame and self-denigrating beliefs (Gold, 1986; Hoagwood, 1990; Jehu, Gazan & Klassen, 1988; Morrow, 1991; Ney, Moore, McPhee & Trought, 1986; Wyatt & Newcomb, 1990). Emotional distress constitutes a range of affective responses experienced such as anger, anxiety, depression, fear, and guilt/shame (Briere & Runtz, 1993; Edwards & Donaldson, 1989; Elliott & Briere, 1992). Avoidance behaviors refer to attempts to cope with painful emotions and memories in ways that avoid the trauma such as suicide, dissociation, substance abuse, and bulimia (Briere & Elliott, 1994). Interpersonal difficulties may result as a consequence of the abuse having been perpetrated in the context of intimate interpersonal relationships. Such betrayal may result in subsequent difficulties in trusting others, patterns of interpersonal isolation, marital difficulties, sexual dysfunctions, brief superficial relationships, and being revictimized by others in the context of interpersonal relationships (Briere & Elliott, 1994; Finkelhor, Hotaling, Lewis, & Smith, 1989; Messman & Long, 1996; Westerlund, 1992). Physical symptoms commonly associated with CSA include headaches, obesity, and gastrointestinal disorders (Felitti, 1991). Not all women who have experienced CSA have clinical symptoms, and among those that do varying degrees of severity have been reported (Neumann & Houskamp; 1996; Oddone, Genuis & Violato, 2001).

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[1] Prevalence surveys estimated that approximately 5% to 10% of all men experience CSA (Finkelhor, 1994). This is a significant problem, but I am focusing on women in this study.

This clinical focus originates from a worldview that focuses on human beings as biological organisms subject to biological determinants. As a dominant philosophic approach to CSA, proponents of this worldview have in effect demonstrated or documented the traumatic effects associated with it, reversing the consensus that characterized psychiatrists and physicians' thinking of the early and middle part of the twentieth century. Most health professionals of this former era purported that CSA was not traumatic or common (Bender & Blau, 1937; Bender & Grugett, 1952). This reversal in thinking began in the latter part of the seventies in the twentieth century when the medical community embraced CSA as a common form of child abuse that required medical attention (Swift, 1977; Kempe, 1978). Prior to this feminists such as Florence Rush organized the first conference on rape in the beginning of the seventies, drawing attention to CSA as a common phenomenon that was entrenched in social institutions, sanctioned by males, but effectively discounted as a reality if children or women reported it (Rush, 1974). Subsequently, feminists have critiqued the appropriation of CSA by the medical community as detrimental to women as attention is focused on symptoms requiring medical attention and treatment, thereby fostering a dependency on the medical community while social dynamics of male power are ignored (Armstrong, 1996). Furthermore by severing its ties to the social world historical antecedents are ignored or minimized which in effect further demonstrate how the problem of CSA is a problem that can only be tackled by professionals with the scientific expertise in this area. As I became aware of this dominant philosophic approach I began to investigate societal contexts and ideologies that propagated CSA and the gulf created when these aspects were and are discounted.

Unquestionably, CSA has not been confined to the present time era as enough documentation in the form of legal archives, institutional records, newspaper reports, and autobiographies exist to confirm its past existence (Clark, 1987; Chaytor, 1995; DeSalvo, 1989; Gordon, 1988a; Hirschhorn, 1991; Masson, 1984; Rush, 1980; van der Heijden, 2000). Historians are addressing questions of interest in this area challenging assumptions that it is a recent phenomenon unmasked by enlightened scientific professionals and medical myths associated with CSA such as victim passivity and culpability (Clark, 1987; Gordon, 1988a; Jeffreys, 1985; Masson, 1984; Rush, 1980; Sangster, 2001; van der Heijden, 2000). More specifically, areas of interest have been: medicine's role in suppressing awareness and alternatively treating CSA (Baartmar, 1989; Cunningham, 1988; Maason, 1984; Olafson, Corwin & Summit, 1993); institutional analysis of CSA (Chaytor, 1995; Clark, 1987; Gordon, 1988b; Rush, 1980; van der Heijden, 2000); and the role of nineteenth century feminists and social purity movement members in defining CSA as a crime (Hooper, 1997; Jeffreys, 1985). Approaches used have included: case histories (McKenzie, 1999; Smith, 1992a), biographical accounts (DeSalvo, 1989), and literary analysis of older fictional texts (Champange, 1996). Theoretical underpinnings of these investigations include: critical theory, psychoanalytic theory, and poststructuralism. By far the most critical of society's failure to adequately deal with CSA is feminist historical work (Clark, 1987; Gordon, 1988b; Jeffreys, 1985; Rush, 1980).

Many historians studying events and ideologies linked to nineteenth and twentieth century CSA have explored societal consciousness of various sectors such as rescue workers, parliamentary statesmen, social purity members, feminists, physicians, and members of the legal system. Even though CSA was defined as a problem, various sectors stressed different casual factors. Namely, members of the British parliamentary and legal systems viewed CSA as a problem connected with poverty and the employment of children outside their homes (Clark, 1987; Jeffreys, 1985). Conversely, feminists and some rescue workers like Josephine Butler defined CSA as a crime linked to men's abuse of power and/or sexual privilege. It was this latter definition, which wielded the greatest influence on changing the way society treated CSA (Hooper, 1997; Jeffreys, 1985). Their activities resulted in institutional changes that legislated against physical and sexual cruelty towards children. Yet, other groups such as journalists, social scientists like Booth, and parliamentary statesmen drew attention to the problem (Behlmer, 1982; Butler, 1911; Jeffreys, 1985; Petrie, 1971; Walkowitz, 1992). By the end of the nineteenth century and in years to follow CSA became more strongly associated with medical discourse that connected it to constitutional deficits, psychopathology, and economic disadvantage (Freud, 1962; Moll, 1929). Essentially this acted to deny its reality as a common phenomenon connected to male sexuality and reformulated its grudgingly acknowledged existence as a problem connected to sexual deviance.

Many factors have been attributed to this reformulation. More specifically, the rise of sexology views, psychoanalytic theory, and professionalism, the decline of feminism, and in particular the growing acceptance of the medical model have been postulated as important factors (Gordon, 1988b; Hooper, 1997; Jeffreys, 1985; Olfason, Corwin & Summit, 1993). As a result, subsequent discussions reflected its taboo, believed rarity, and victim culpability (Bender & Blau, 1937; Henderson, 1975; Weinberg, 1955). For example, in a study of children who were sexually abused children and admitted to New York's psychiatric hospital, Bellevue, Bender and Blau (1937) referred to these children as incorrigible and delinquent. They hypothesized that it was these children's strong sexual drives that actively lead them to have sexual relations with adults.

Research Question

My focus of inquiry centers upon the time period of 1920 to 1970, when silence surrounded CSA. I am interested in comparing and contrasting the historical images and stereotypes of women who experienced CSA, as portrayed through historical film, fiction, and psychiatric literature, to women's own evolving memories, perceptions, and life identities as they moved through their lives. In particular, these women will have lived through the historical periods of silence and subsequent acknowledgement towards childhood sexual abuse. The guiding question is "In what ways do women's memories, identities, and life experiences of childhood sexual abuse conform to and/or differ from the public stereotypes and images of survivors of CSA as produced through historical public representations in central institutions, media, film, and literature?"

Public representations of women who experienced CSA as obtained from medical literature in the period of 1920 to 1970 are overwhelming of delinquency and victim culpability. Closely associated is the image of the socially disadvantaged and isolated family where CSA was detected (Bender & Blau, 1937; Lustig, Dresser, Spellman & Murray, 1966; Sloane & Karpinski, 1942; Bender & Grugett, 1952; Weiss, Rogers, Darwin, & Dutton, 1955). In focusing on women's accounts of CSA and life stories I will be interested in knowing how women's private memory of CSA conformed or differed from this public representation. What was it like for women if their identities endorsed the image of delinquency? Further, I am interested in exploring the extent to which women were aware of ideologies that supported victim culpability such as Freud's Oedipal Theory and Sexology.

Significance

The importance of this work from the perspective of nursing is vital. Nursing is very much concerned with both physical and psychological health of human beings; its scope is very diverse. Child sexual abuse is a topic of interest to nurses as both adults and children who have experienced this are encountered in practice situations, such as emergency departments of hospitals and community settings. Nurses are increasingly asked to assist individuals who experienced CSA by eliciting disclosures, responding therapeutically to disclosures, and integrating knowledge of trauma into treatment plans (Everett & Gallop, 2001). Yet, as reported from the perspective of adult women with histories of CSA and who received psychiatric treatment, their needs for safety were ignored. They cited being physically restrained, forced to take medications, invalidated by nursing staff peripheral to their care, not being provided with emotional support from night staff, and subject to transgressions of staff-patient confidentiality (Gallop, Engels, Dinunzio, & Napravnik, 1999; Gallop, McKay, Guba, & Khan 1999; McCay, et al., 1997). On the other hand, as reported by those nurses who worked in psychiatry, a preponderance of discomfort was associated with CSA as many did not feel comfortable in eliciting disclosures and treating women who experienced CSA, mainly due to their feeling of ill preparation (McCay, et al., 1997). Thus it seems that both nurses and women with CSA are dissatisfied, women with the way they are nursed and nurses for their lack of comfort with CSA. This discomfort, I believe, reflects among many other things, stereotypes and images associated with CSA.

The current image and stereotype (that of the sick patient) is rooted both to the past and present whereby biological models emphasize(d) psychiatric pathology and individual culpability. Naturally the explanations have changed from that of emphasizing the child as being either precocious in sexuality or constitutionally defective and thereby culpable to the current preoccupation with its association to symptoms and pathology. By exploring historical images of CSA obtained from public institutions and popular culture, and by comparing these to women's personal images, the ways in which public and private memory intersect will be revealed. Exploration from a feminist and historical perspective will provide alternative ways of viewing CSA in a discipline that has been heavily influenced by medical models. Hopefully this work will be a stimulus to reflective nursing practice, whereby the past is explored in terms of its ideologies and practices, but also serves as reminders of how social reality is constantly constructed and reformulated.

Literature Review

Unlike the actual phenomenon, CSA as an area of historical study is fairly recent. Few historians have concentrated solely on CSA. Instead, historians have mentioned CSA in the context of female delinquency, rape, and sexuality. However, medical discourse is extensive and dates back to the nineteenth century, as physicians were interested in describing CSA. In this chapter I have presented a review of the literature associated with medical professional groups, which is termed medical discourse, and a review of historical studies. A review of medical discourse is limited to the time period of 1900 to the 1970s. Recent clinical and psychiatric literature reflects knowledge/expertise in specialized areas such as adult clinical treatment, prevention programs, children's interviewing and treatment, male CSA victim/survivors, family dynamics of CSA, psychiatric syndromes associated with CSA, offenders, mothers of children who are sexually abused, psychological functioning, and traumatic memory. The possibility of presenting a comprehensive review in each of these areas is impossible. Instead, I have incorporated current literature throughout the dissertation wherever relevant.

Medical Discourse

Literature in this area is organized according to relationship categories such as: children and women who experienced CSA, families, and perpetrators. The literature is limited to English articles and is comprised of literature that was accessible to the University of Alberta and its system of interlibrary loans. Most of the literature is either European or North American health care and social sciences literature. For example, early sexologists' writing and Freud's theoretical work are from Europe and are orientated to other health care workers.

Children and Women Affected by CSA

In what follows is a review of the discourse produced mainly from sexologists, physicians and psychiatrists from 1900 to the 1970s. As will be described in the first section, *Decades of 1900s to 1930s,* Freud's and sexologists such as Krafft-Ebing, Moll, and Bloch's works are given prominence as their work dominated discourse into the 1970s. After examining psychoanalytic discourse medical professionals' case studies are presented.

Decades of 1900s to 1930s. In this period Freud and sexologists, such as Krafft-Ebing, Moll, and Bloch dominated medical discourse. The following pages describe the fore mentioned sexologists work as their theoretical assumptions were foundational to how psychiatry viewed CSA. Terms such as "premature sexual experience" and "seduction" were used by writers of this time period and described what we refer to as abuse. The word seduce is defined in the Webster dictionary as "to lead astray usually by persuasion or false promises" (1981). In contrast abuse is defined by Webster dictionary as "to use so as to injure or damage". The difference in use of nomenclature conveys ideological differences as to how CSA was regarded (this will be evident as Freud's and sexologists' writings are described and later analyzed).

Freud's publications are extensive spanning from 1888 to the 1930s. His ideas were not static, but evolved over the course of his career. In 1892, both Freud and his colleague Breuer theorized that traumatic memories were linked to hysteria. They wrote: "The memory which forms the content of a hysterical attack is not any chance one: it is the recurrence of the event which caused the outbreak of hysteria—the psychical trauma" (1959a, p. 28). Further they asserted that the memory of the hysterical attack was either totally unconscious or only partially unconscious (partial memory was referred to as being "present only in a summary way", p. 29). The form of traumatic memory, that is whether or not the person became amnesic or partially remembered, related to the state of consciousness (referred to as "second consciousness" p.29) at the time of the event. The traumatic event was not integrated into conscious memory for three reasons: the event was distressing or conflicting; individuals were forbidden to deal with the event due to circumstances or by modesty; or biologically individuals were incapable of dealing with memories of the event. Freud was very general and referred to this phenomenon in the context of accidents.

Later, in "The Aetiology of Hysteria" (1896), which originally was a lecture delivered to the Society of Psychiatry and Neurology in Vienna May 2, 1896, Freud tied symptoms of hysteria to CSA (Freud, 1959b, p.198). As these experiences were unconscious, recalling the scenes required overcoming incredible psychic resistance. Freud believed clients, as their accounts were detailed and compelling. His clinical and theoretical assumptions were based upon interviews and examinations of six men and twelve women of middle and upper class who had been classified as pure hysteria or hysteria with obsessive features[2]. In his concluding remarks Freud (1959b) asked his audience to not dismiss his conclusions as speculation as he did base them upon the patients he worked with.

Freud's colleagues did disagree with his theoretical assumptions. As reported in a letter to Wilhelm Fliess (dated April 26, 1896) Freud wrote describing the audience at the psychiatric society as giving him a very cold reception. He reported that Krafft-Ebing described his findings as fictional (Maason, 1985, p.184). Subsequently he was abandoned by his colleagues and soon thereafter his clientele decreased. Later, in a letter to Wilhelm Fliess dated September 21, 1897, Freud told his friend that he no longer believed in his original theory of hysteria, but attributed the "widespread perversions"(Maason, 1985, p.265) against children to constitutional factors that weaken their defenses (Maason, 1985, p. 264).

In a later work, entitled Three Contributions to a Theory of Sex, first published in 1905, Freud addressed the topic of children and sexuality in various ways. The main focus of his first chapter was inversions, perversion, and neurosis. Freud viewed sexuality as being comprised of a sexual aim and object. The sexual aim was described as the union of genitals. Perversions consisted of other aims such as the anus or mouth. The object is where the sexual drive was directed, such as towards adult members of the opposite sex. Normally shame and loathing restricted the sexual instinct, and these developed prior to the full appearance of sexual instincts. Those who regarded children as sexual objects were classified under deviations of the sexual object. He noted two types of adults who abused children: those who experienced uncontrollable and impulsive urges towards children, which constituted insanity and those who used children when there were no other sexual objects. From his psychoanalytic study of many cases, Freud (1962) asserted that neurosis was the result of "sexual instinct motive powers" (p.26). Neurotics' sexual instincts were not expressed. Conversely, if they were expressed they would be perversions. The neurosis is "the negative of the perversion" (p.29). The perversions were mouth and anus anatomical transgressions. All neurotics had unconscious "inversions and fixation of libido on persons of the same sex" (p.29) and suffered from repression of sexuality. In particular, symptoms of hysteria resulted when wishes or desires were repressed and thus expressed in bodily symptoms. Hysterics exhibited an enormous amount of sexual craving.

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[2] Freud asserted that hysteria was less common while sexual transgressions were more common among poor children. This was a very common notion. Evidence of this can be gleaned from reports on the occurrence of sexual abuse in poverty from the work of Web and Clark (Web, 1943;Clark 1987).

Freud's second chapter was devoted to psychosexual development. Children's sexual development started in infancy, proceeded until latency where there was a period of hibernation, and then continued in puberty when reawakened. The period of infantile sexuality had a profound impact on children's character, and if something amiss happened during this time it was the earliest memories of sexuality that determined neurotic symptoms. Seduction of children was discussed as a way children returned to sexual activity. Freud (1962) reformulated his position on the importance of seductions to the formation of hysteria. By referring to seductions in the context of normal childhood, children were hypothesized as capable of developing of symptoms irrespective of their experiences. Freud's elaboration of child-parent sexual attraction, that is when children selected their opposite parents as their sexual object and fantasized this sexual attraction, further diluted his former views on the reality of CSA. Thus incest could be explained as a normal phase of psychosexual development.

Towards the end of this selection, he elaborated on factors that disturbed normal development. He thought that children's parents' diseases such syphilis was responsible for their development of hysteria and compulsion neuroses. In other words children were predisposed to developing symptoms due to their parents' diseases. Male members of families with hereditary predispositions were more likely to develop perversions while similar females developed hysteria. Closely related to the idea of hereditary predispositions were "constitutional weaknesses of the sexual instinct" (p.92), which resulted in perversions or neuroses. While Freud emphasized constitutional and hereditary factors, he also believed that the accidental factors, or experiences that are derived both from childhood and later life, influenced development. Psychotherapy addressed accidental factors. Freud was definite in his assertion that "all the factors which injure the sexual development show their effect in that they produce a regression or a return to a former phase of development" (p.95). So while Freud did not dismiss environmental influences he certainly emphasized constitutional predisposition and in effect diffused attention away from CSA.

In reference to seduced children he stated that they could become "polymorphous-perverse and misled in to all sorts of transgressions" (p.51). This occurred, as children have not fully matured their feelings of shame, loathing, and morality, thus perversions do not meet psychic resistance.

Seduced children, working class women, and prostitutes pointed out what it was to be the primitive human or the human without the cloak of culture. His remarks demonstrated class and gender bias.

Krafft-Ebing (1931)[3] asserted that sexual desire was the property of men, while women if properly educated and otherwise normal had little sexual desire (their sensuality was immersed in maternal love). Men were aggressive and women were passive. The ultimate aim for women was marriage. Sexual pathology was more frequent in "civilized races" due to "abuse of the sexual organs" and "inherited diseased conditions of the central nervous system" (p.48). In relation to CSA (my term) was the condition paradoxia, which was "sexual excitement occurring independently of the period of the physiological processes in the generative organs" (p. 52). This occurred in childhood manifesting itself as practices of masturbation. Masturbation was linked to itching and cerebral processes connected with premature manifestations of the sexual instinct. In turn, premature awakenings of sexual instincts were associated with dementia, degenerative neurosis, and psychosis.

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[3] The original date of publication was not provided. But publishers note Krafft-Ebing prepared the manuscript for printing before he died in 1902.

Bloch (1908), who proclaimed objective, scientific, and comprehensive study of sexuality in his work "The Sexual Life of our Time" expressed his motivation for this study as the "continuous advance, a progress towards perfection, so that contingent degenerative and hereditary taint are continuously neutralized by a regenerative process and by hereditary enfranchisement (Hirth)" (p. X). His views were of course affected by sociological, economical, and racial-hygienic studies of his time (as mentioned in the preface). In connection with "premature sexual activity" (p.633) of children, Bloch attributed three causes: these were adults who have sexual intercourse with children; premature awakening of the sexual impulse in children; and premature sexual activity on the part of children. Underlying this phenomenon was the issue of whether or not sexually abused children exhibited a premature awakening of their sexual impulse. This in turn was classified as a sexual perversion resulting from degenerative inherited states, seduction, bad education, intestinal worms, savage races, urban overcrowding, and prostitution. Bloch wrote: "sexual intercourse on the part of children with one another, or with grown persons in cases in which the invitation has proceeded from the child, are by no means rare occurrences" (p. 638). This discourse was connected to child prostitution. While social misery, bad example, and seduction might be significant considerations in the etiology of prostitution, Lombroso's doctrine of the born prostitute had more merit. Incest was considered in context of sexual misuse of children, but incest pertained to lower classes as they lacked an awareness of its immorality.

Moll, who was a physician, categorized his work, "The Sexual Life of the Child" (1929), as a contribution to the science of sex in keeping with its founder Krafft-Ebing. His clinical work was based on diaries and autobiographies. Unlike Freud, Moll felt CSA was only responsible for producing subsequent neuroses in only a small proportion of cases. Of more consequence was venereal disease in children. Children acquired venereal disease through perverts or criminal adults and very seldom from their own spontaneous sexual activity. Antecedent to "premature sexual intercourse" (p.188) was the "premature awakening of the sexual life" (p.188) of children. One of the dangers of a premature awakening of sexuality was prostitution.

Moll pointed to Tardieu's cases studies of children's genital prematurity and chronic victimization by adults to illustrate how sexual activity per se did not awaken children's sexuality, but rather children's internal sexual impulses were unusually strong and as a consequence they became victims of sexual activity. The consequences of this prematurity were social disgrace and a predestined life of prostitution. Such children were also thought to sexually pollute other children through sexually perverse sexual activities.

With respect to the reliability of child witnesses in providing evidence, Moll advised readers that children were able to imagine sexual activity. Presumably, testimonies from children who experienced prematurely awakened sexual impulses were discredited. Testimonies from children's parents or other custodians as to their innocence were to be regarded with caution as children were conscious of sex and concealed this from adults. Feeble-mindedness, morbid inheritance as in the case of girls whose mothers had hysteria, and girls' unreliable memories were attributed as causes of their unreliability. Another factor that weighed against female children's credibility concerned their former sexual activity; the implication being that such children's testimony would be discredited.

Moll's criteria for what constituted pedophilia (acts where children were regarded as sexual objects for adults) were stringent. Adults who were motivated to victimize children by the desire to cure venereal disease and feelings of impotence were not true pedophiles. Nor were those who suffered from congenital and acquired states of mental defect classified as pedophiles. External influences even exempted offenders this label and were listed as girls who were unsupervised, night-lodgers, premature sexual development of children, dances, popular festivals, unhappy marriages and alcohol (p.220-221). However, Moll did believe there were true pedophiles and these individuals could not plead that there were extenuating circumstances for their behavior.[4]

Issues arising from sexology and Freud. One issue considered among sexologists and Freud was whether or not sexual abuse was harmful. In "The Aetiology of Hysteria", Freud postulated that sexual abuse caused hysteria. However, Freud's colleagues discounted this thesis and subsequently Freud rejected it as he acquiesced to social rejection. In short, Freud sold himself out and joined the ranks of his colleagues. However, Freud's experience was social ostracism at its best. I know of only a few individuals who have the type of personal integrity that is required to withstand this type of pressure. Freud acquiesced to what was considered plausible within the medical community of his time. Later, Moll disagreed with Freud's original thesis and considered that only a few cases of CSA caused neuroses. Thus, it would seem that debate connected to the issue of harm appeared to be preposterous to the medical community. It was only considered as a slight possibility for a few cases. What was more relevant to the medical community of this time was consideration of prematurely awakened sexual instincts and underlying causes as connected to constitutional pathology or hereditary influences (Krafft-Ebing, 1931; Bloch, 1908).

Another issue was the difficulty in accepting the reality of CSA. This was reflected in Freud's (1959) experience. He was skeptical that his colleagues would accept his clinical and theoretical findings (history of CSA in his clients) when he presented his lecture on "The Aetiology of Hysteria". Freud certainly was right in wondering how they would react, as they essentially disbelieved him. Later Freud (1962) and Moll (1929) conveyed the sense that children's memories could not be trusted. For the most part, it is evident that physicians found it easier to accept a theory that hypothesized CSA as fantasies connected to normal psychosexual development and to childhood sexual perversions.

This debate was also tied to class issues, as bourgeois appeared to believe that the misuse of children was common among the poor. For example, Bloch (1908) associated CSA with primitive or "savage nations" (p.633) and Freud (1962) similarly believed that lower class or uncultured women were polymorphous-perverse. This point is significant, as the linking of CSA and incest to lower classes prevented recognition of CSA within the bourgeois class. This was evident in the drama of Freud's social ostracism following his lecture on the etiology of hysteria. His initial clients and colleagues were bourgeois and by means of extension this implicated his own colleagues and children as susceptible. Accordingly, the occurrence among lower class children was a natural extension of their polymorphous perversions and thus more believable.

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[4] The likelihood of finding a true pedophile was negligible as Moll also described female children as imagining sexual activity, as being unreliable witnesses, and as having the capacity for premature sexual impulses.

Another common belief was that women had little sexual drive. Sexologists' discourse referred to women's lack of sexual impulses, as maternal impulses directed their behavior. A natural extension of this belief system was to view sexually abused children as destined for prostitution as sexual roles were limited to either an angel or hoar. Closely connected was the concept of pollution, which referred to children who had been sexually abused as having the potential to sexually corrupting other children. Children were largely culpable as their sexual drives were prematurely awakened due to constitutional defectiveness or hereditary influences. The cause of this was degenerative illnesses as manifested in childhood perversions (CSA) and later as hysteria. This is essentially a doctrine that blamed individuals; "bad things happen to bad people". Underlying this harsh view was a society that rigidly defined sexual roles for women and children; those who were sexually abused were labeled deviants, delinquents, or prostitutes. This was a double standard as men's transgressions were not morally condemned or questioned. In short women were to serve the sexual demands of men within the proscribed roles of mother/wife or prostitute. Invariably, the act of using children to satisfy sexual needs was not consensual as it ethically disregarded children as dependents in need of guidance, protection, and nurturing care. Men never questioned their own morality in this way when they committed such acts to children.

Following sexologists and psychoanalytic contributions, few clinical studies were found. One study done by Bender & Blau (1937) used psychoanalytic theory to debate the question of harm incurred through CSA. Their sample consisted of sixteen children (11 girls and 5 boys from 5 to 12 years of age) admitted to Bellevue Psychiatry Hospital. All children's offenders were male with the exception of one boy who had "sex relations" (p.501) with his mother. Offenders were listed as: father, mother, school janitor, an older boy, married man lodging in a house or a lodger, boilerman, men on the street, physician, man committed to a state hospital, boys, and a cousin. Children were described as "brazen" (p.510) and exhibiting a "fundamental incorrigibility" (p.511). These sexual acts were referred to as sexual delinquency. Furthermore children were described as being knowledgeable with respect to sex and reproduction and as expressing a preference for adults as their sexual partners (p.523).

The authors openly admitted their doubt in assigning responsibility to adults, as they felt only a few cases demonstrated true sexual perversion. Bender and Blau surmised that children played an active or initiating role with adults (or in other words the child was the seducer), thus they were not as innocent as portrayed by moralists, social reformers, and legislators. Reasons put forth for children's sexual behavior were: strong sexual drives, constitutional deficiencies that rendered children unable to resist denial in the period of sexual latency, defective judgment due to lower intelligence, abnormal stimulation of sex urges by adults, and deprivation of normal warmth from good parents. Little evidence of traumatic effects such as anxiety or shame were found. Any emotional injuries that occurred were the result of external restraint. Yet, the authors referred to developmental symptoms that were associated with their "increased sex interest" (p.517). Symptoms were connected with their sexual interest and not in the event. This is consistent with later psychoanalytic theory.

Decades of 40s and 50s. Three concerns predominated: these were the debate as to whether or not sexual abuse caused harmful effects; the degree victims were responsible for sexual abuse, and the etiology of sexual perversion. With respect to the degree of harm incurred to children, Allen (1949) thought infantosexism (or the use of children as sexual objects, p.155), could lead to homosexuality or to other sexual perversions. Bender and Grugett (1952) also considered if homosexuality would be an outcome for a group of children who experienced CSA, difficulty with their sexual identity, and parental rejection and/or absence of the opposite sex parent. The authors pointed out how these individuals, later as adults, did not develop a homosexual personality. This was a significant finding as homosexuality or its genesis was linked to defective parent-child relations. However individuals' problematic sexual identity was linked to: constitutional predispositions (many of these individuals were diagnosed with schizophrenia) and to adverse environmental conditions that accompanied this group. For example, these individuals experienced parental deprivation. Bender and Grugett (1952) also followed another group of individuals who had previously been assessed in relation to "seductions" (p.826) they experienced as children. The authors evaluated their adult adjustment favorably, stating that most individuals "were able to abandon their sexual preoccupations and practices when improved conditions allowed fulfillment of their individual capacities and drives toward identification and constructive behavior" (p.829). Thus the concern that sexually abused children developed sexual perversions, as theorized by Freud and Moll was not demonstrated. However, not all academics viewed sexual abuse (or as they termed it incest or seductions) as innocuous. Sloane and Karpinski (1942) documented how five adolescent females who had experienced incest, reacted to the incest as if socially condemned, felt guilt towards their mothers, and developed promiscuous relationships. Only one adolescent worked out a satisfactory adjustment.

The degree to which children were accorded responsibility for "seductions" or incest preoccupied academics. Sloane and Karpinski (1942) documented five cases of incest, three father-daughter and two brother-sister cases. The fathers and brothers were described as active seducers, while the adolescent girls were characterized as compliant. Their view was decidedly less punitive than Weiss, Rogers, Darwin, and Dutton (1955) who considered if children initiated sexual relationships and what personality factors favored such participation. They basically divided 73 female children and adolescents into two groups (accidental or participatory victims) on the basis of the number of perpetrators. Accidental victims were described as having been sexually assaulted once, their perpetrators' were strangers, on average were slightly younger than participant victims, received no remuneration, and usually disclosed the sexual abuse to parents. Unlike accidental victims, girls in the participant group experienced multiple occurrences of vaginal intercourse and typically were submissive or sexually seductive towards male psychiatrists. In play they enacted scenes where they were misunderstood, physically sick, and keeping secrets. Mothers of participant victims were masochistic, married to rigid or dependent men, and critical of both themselves and daughters. Responsibility was accorded to both mothers and daughters. Mothers were blamed as they rejected and deprived their daughters of affection; this lead to poor control of impulses. Daughters, on the other hand, entered sexual relationships with sexually permissive fathers (in those cases of father-daughter incest) fully aware that fathers' intentions were not serious.

The etiology of incest was linked to: alcoholism, cerebral disease, adult reunion of brother and sisters after childhood separation, poverty with its overcrowded living conditions, and "defectives" (p.171) who were unable to defend against sexual instincts (Allen, 1949). Allen stated that studies of apparently normal people who had been involved in incest were lacking, but surmised that normal participants might engage in incest by consciously overcoming the incest taboo or by repressing their guilt feelings. Alternatively Sloane and Karpinski (1942) connected incest to alterations in victims' social consciousness, moral laxity of victims' communities, isolation, weak egos, defective super-egos, and abnormal cravings for sexual excitation (p. 672-673).

Decades of 60s and 70. The debate as to whether or not sexual abuse was harmful continued in the sixties. For example, Yorukoglu and Kemph (1966) concluded that children might not be adversely affected by incest if they developed adequate ego functioning, resolved early psychosexual conflicts, and had adequate psychosexual development prior to the incest. They concluded that in some cases a fantasy of incest might be more harmful than incest. Later literature (Goodwin, Simms & Bergman, 1979; Gross, 1979) reflected on the harmful effects of incest. The tone is no longer reflective of questioning, but indicates assertions of harm. Among the effects described are dissociative reactions such as hysterical seizures and amnesia. The hysterical seizure was described as an unconscious acting out of the sexual abuse. However analyses was not directed towards other forms of CSA (Goodwin, Simms & Bergman, 1979; Gross, 1979; Rosenfeld, 1979; Yorukoglu & Kemph, 1966).

Medical discourse turned to the nomenclature of abuse to describe what was formerly referred to as "seduction" and "incest" (Kempe, 1978; Swift, 1977). Medical clinicians defined what constituted abuse in terms of the event and developmental immaturity of children. For example, Swift (1977) defined sexual abuse as rape, forced oral or anal intercourse; or penetration of the oral, vaginal or anal orifices with an object; or molestation. Kempe (1978) defined abuse as the involvement of children and adolescents in activities that they do not fully comprehend. The activity violated social taboos and constituted exploitation.

As authors switched their worldviews to a perspective that accorded children certain fundamental rights, such as not being sexually exploited and nurturance in accordance with their developmental needs, attention turned towards the prevalence of CSA. Swift (1977) noted that all America states were not required to track sexual abuse. Underreporting was thought to be a problem. Consequently, clinicians sought to describe the magnitude through tallies of clinical cases seen (Rosenfeld, 1979; Swift, 1977; Westermeyer, 1978). For example, Swift (1977) surveyed clinicians (psychologists, psychiatrists, and social workers) at a midwestern mental health center in order to estimate the number of individuals who reported a history of CSA.

Embracing the reality of CSA necessitated reexamination of Freud's theoretical model of psychosexual maturation in the oedipal phase whereby fantasies of incest supposedly occurred. Two positions emerged. One was to assert that sexual abuse was not a fantasy, but a common occurrence (Kempe, 1978). Another position was to acknowledge the reality of CSA while Freud's theoretical model of psychosexual maturation in the oedipal phase continued to be accepted (Rosenfeld, Nadelson & Krieger, 1979). The second position necessitated the clinician distinguish between fantasy and actual occurences. Four factors were considered essential to this task and these were: the nature of family interaction, age of children, nature of the act, and quality of reports. With respect to family interactions it was necessary to confront the complexities of family interactions. For example, children may misinterpret nudity as seduction. The age of the child was critical to reliability of memory; memory after nine years of age was more accurate. Central considerations to the nature of the act were meanings associated with: pain, fear, absence of supportive adult, sense of trust or friendship betrayal, and the sense of outrage from the community. The last factor, which was the quality of reports, was predicated on the amount of trust that had been established.

In summary, it is evident that early medical discourse was tied to the controversy Freud started in his lecture "The Aetiology of Hysteria". Physicians and other academics examined the question of harm, but few seriously considered this as a possibility until the decade of 70s. Among the few were Sloane and Karpinski who noted how adolescents involved in incest became guilt ridden and developed promiscuous relationships. Interestingly, if symptomatic behavior was detected it was explained as constitutional defectiveness or as inherited conditions (Bender & Blau, 1937; Bender & Grugett, 1952). Academics were principally preoccupied with issues of culpability seeking to distinguish children who initiated it and those who were less culpable. Doctrines that reinforced victim culpability were: premature awakening of the sexual impulse, sexual deviance as related to degeneration, and constitutional defectiveness. Consequently children were labeled as polluted, delinquent, or destined for prostitution. Surprisingly, few authors concentrated solely on children/adolescents as compared to the prolific literature on perpetrators and incestuous families. In the early decades authors reported on all types of seductions as found among lower classes. Conversely, in the decade of the sixties and seventies it was difficult to find literature that did not refer to incest.

Families (Decades of the 50s to the 70s)

Starting in the decade of the 50s academics focused on incestuous families (Browning & Boatman, 1977; Burgess, Holmstrom & McCausland, 1977; Dixon, Arnold & Calestro, 1978; Eist & Mandel, 1968; Herman & Hirschman, 1977; Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotk, Pittman & Flomenhaft, 1967; Molnar & Cameron, 1975; Rhinehart, 1961). Accordingly, this body of literature was derived from academics and clinicians who studied and observed incestuous families (cases of father-daughter incest) in child guidance clinics, family treatment units affiliated with psychiatric units, simply psychiatric units, or reformatory schools for girls (Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotk, Pittman & Flomenhaft, 1967; Yorukoglu & Kemph, 1966). This followed the trend towards treating identified patients in the context of their families, which first started in the treatment of schizophrenia and delinquency (Minuchin, Montalvo, Guerney, Rosman & Schumer, 1967; Bowen, 1978). As in the case of schizophrenia various clinicians affiliated with different treatment programs started to treat individuals with schizophrenia within the context of the family. In some cases this entailed observation of entire families living on wards for extended periods of time. Families were conceived of as constituting patterns of interaction that were responsible for the identified patients' emotional problems. In particular, mothers were theorized to be responsible for their children's schizophrenia due to their symbiotic attachments and positions of "overadequate" functioning (Bowen, 1978, P.67). Fathers were characterized as inadequate, submissive, and in the background. From the study of families with schizophrenia and delinquent children, family therapy models, namely the Bowen and Minuchin were derived. Starting in 1950 the Committee on the Family, Group for the Advancement of Psychiatry served as a vehicle for sharing family therapy models with other physicians and allied health professionals. Subsequently, proponents of these models heavily influenced discourse related to CSA. Family therapy concepts such as disorganized families (Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Machotk, Pittman & Flomenhaft, 1967: Molnar & Cameron, 1975; Rosenfeld, 1978), triangles (Machotk, Pittman & Flomenhaft, 1967), differentiation (Eist & Mandel, 1968; Lustig, Dresser, Spellman & Murray, 1966), and multigenerational patterns (Raphling, Carpenter & Davis, 1967) were commonly used to describe incest families.

Academic discourse arising from family therapy models identified the family constellation of incest. This was described as incestuous families who displayed similar psychopathology (Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966). Each family member was responsible for the sexual abuse (Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954). Mothers and fathers' personality structures were considered to be pathological, but not sufficiently so to be etiologically significant when considered in isolation from other family members. Such discourse typically analyzed each of the family members (fathers, mothers, and daughters) as displaying certain pathological features (Browning & Boatman, 1977; Burgess, Holmstrom & McCausland, 1977; Dixon, Arnold & Calestro, 1978; Eist & Mandel, 1968; Herman & Hirschman, 1977; Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotk, Pittman & Flomenhaft, 1967; Molnar & Cameron, 1975; Rhinehart, 1961). For example, mothers were described as reversing roles with their daughters and as the cornerstone of incestuous patterns (Gutheil & Avery, 1977; Lustig, Dresser, Spellman & Murray, 1966).

Mothers in the context of incestuous families: the cornerstone of incest. Academics and clinicians in this period attributed primary responsibility to mothers for father-daughter incest. Such discourse typically described mothers' as immature, dependent, cold, rejecting, hostile, non-nurturing, depressed, and overburdened (Dixon, Arnold, & Calestro, 1978; Eist & Mandel, 1968; Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Rhinehart, 1961). To say the least, authors were overly critical of mothers. They even assigned responsibility for the incest in cases when women were out of their homes (i.e. hospitalized for illnesses, employed and the only source of support for their families, or for birth of other children). This was described as abandonment of their daughters (Browning & Boatman, 1977; Herman & Hirschman, 1977). Underlying these analyzes was a double bind. It is simply absurd to attribute blame to women who were only trying to care for their families or for themselves (as in cases where they were giving birth, ill, or financially supporting their families). The underlying implication of such discourse is that men are not responsible for their own behavior. Whereas women, irrespective of economic or health impediments were to guard their daughters' from husbands uncontrollable sexual urges, realistically it was an impossible feat for women to prevent incest in situations where their husbands were described as alcoholic, violent, and irresponsible (Browning & Boatman, 1977; Eist & Mandel, 1968;

Herman & Hirschman, 1977; Kaufman, Peck & Tagiuri, 1954; Molnar & Cameron, 1975; Rhinehart, 1961).

Implicit in the discourse was the assumption that mothers knew about the abuse and tolerated the situation (Kaufman, Peck & Tagiuri, 1954; Machotk, Pittman & Flomenhaft, 1967). For example, Eist and Mandel (1968) described one mother's reaction to her husband's admission to father-daughter incest as "stunned and dumbfounded" (p. 224). The authors were critical and also implied that the mother was insincere in her reaction.

In a different case study, Raphling, Carpenter, and Davis (1967) described how a husband sexually approached his eldest daughter, who was 12 years old, while his wife was in the hospital delivering a baby. He continued to have regular intercourse with the daughter. After years of incestuous activity, the second daughter told her mother about the father-daughter incest. The wife confronted her husband and insisted he seek medical treatment or else she would divorce him. After Raphling, Carpenter and Davis (1967) had finished describing the situation; they referred to the wife as "passive" and as allowing the incest to occur (p.509). It was the way Raphling, Carpenter, and Davis (1967) referred to the mother as "claims" to be unaware of the incest that begs an interpretation of insincerity. Further, the authors labeled the mother as passive and permissive even in the context of her reaction to the daughter's disclosure. The mother was simply guilty of complicity. Similarly, in another case study, the authors characteristically referred to the mother's lack of awareness of her husband's incestuous activity in the following manner: "ostensibly unaware of the secret until treatment began" (Gutheil & Avery, 1977, p. 110).

Obviously, academics and clinicians were convinced that somehow all mothers knew of the incest. However, the claim that all mothers must have known is absurd given knowledge of how sexual perpetrators have approached children. That is they have been described as having easy access to children, as they are often immediate or extended family members and maintained children's silence through various means (Burgess, Holstrom, & McCausland, 1977; Groth & Burgess, 1977). Sexual offenders have been categorized as either pressuring or forcing children into sexual activity. With respect to offenders who pressured children this was accomplished through enticement or entrapment. Once engaged they offered material rewards for their participation and pledged their silence through threats of personal harm and instillation of fears such as fear of abandonment or rejection. The second type of sex offender forced children into sexual activity through intimidation tactics or physical aggression (Groth & Burgess, 1977).

Mothers were also described as passive and dependent even when academics reported that they separated from their husbands and in some cases filed for divorce upon disclosure of the incest. Yet, despite the loss of extended family support and marital relationships, and the ensuing stigma, these women were described as dependent and distressed. Ironically, they were also described as being receptive to treatment, but this was attributed to their dependent natures (Browning & Boatman, 1977). I do not believe that marital separation, divorce, facing the possibility of child sexual abuse, and accepting treatment constituted passive dependent behavior. In a recent review of the literature pertaining to mothers of children who experienced intrafamilial sexual abuse Crawford (1999) reported that the majority of mothers were supportive upon disclosure of CSA. The majority could not be classified as passive and dependent.

On the other hand not all mothers were supportive of their daughters' disclosures (Crawford, 1999; Herman & Hirschman, 1977). Take the case of the Carlson family who entered family therapy when their daughter was hospitalized after becoming hysterical.

During a therapy session where the daughter disclosed details of father-daughter incest to her mother, her mother reacts with disbelief and then later starts to shout at her daughter accusing her of betrayal and of lying (Machotk, Pittman & Flomenhaft, 1967, p.107).

Likewise, Herman and Hisrchmann (1977) described blaming and condemnatory reactions of two daughters' mothers upon their disclosure of father-daughter incest. Only two out of 15 women disclosed to their mothers and in both of these cases the mothers condemned their daughters. In one case condemnation consisted of derogatory labeling and in another case this consisted of institutionalizing the daughter. Shockingly these mothers did fit the stereotype of being cold and rejecting. Yet, Herman and Hirschmann (1977) did not emphasize that these mothers were the minority. While not condoning these actions, these mothers' reactions are understandable given that women were and some still continue to be financially dependent upon men and often were and continue to be overburdened by household duties and care of children. As Ward (1985) commented, "the discovery that one's husband (or son or father or brother) had raped one's Daughter would indeed seem like being raped figuratively" (p. 164) due to the shared sense of powerlessness, humiliation, and identification with her daughter. Furthermore women were socialized to believe that motherhood and marriage are biologically predestined and if not fulfilled they were incomplete. Stereotypes of sexual offenders have typically presented the perverted stranger as the culprit who preyed upon children. Subsequently, when faced with disclosure from daughters of father-daughter incest, mothers have had no schema to deal with this. Ultimately in listening to their daughters, mothers have to decide between their daughters or husbands or whose loyalty to endorse. Realistically separation from husbands may have compromised economic survival.[5]

Multigenerational patterns of maternal rejection were described as maternal grandmothers rejected their daughters. The mothers similarly rejected their own daughters (Kaufman, Peck & Tagiuri, 1954). In particular, Kaufman and his colleagues (1954) described the desertion of maternal grandmothers by their husbands. The mothers left home early to work, married men who were as irresponsible as their own fathers, and if divorced remarried the same kind of men. The mothers singled out their daughter for expression of their hostility just as their own mothers had done to them. The mothers still continued to seek maternal grandmothers' approval, but this was in vain. Role reversals were described as daughters assumed maternal role responsibilities (Herman & Hirschman, 1977; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotk, Pittman & Flomenhaft, 1967; Rhinehart, 1961).

Mothers also abandoned their husbands either physically or sexually (Browning & Boatman, 1977; Kaufman, Peck & Tagiuri, 1954; Rhinehart, 1961). Since mothers were non-nurturing, reversed maternal role responsibilities, and abandoned their mates, it was natural for daughters to turn to fathers for emotional gratification or that husbands would turn towards the daughters for sexual fulfillment (Hersko, Halleck, Rosenberg & Pacht, 1961; Herman & Hirschman, 1977; Lustig, Dresser, Spellman & Murray, 1966).

Such analyses were based upon studies that involved a minimal number of families. For example the range of families studied was 1 to 15 (Browning & Boatman, 1977; Dixon, Arnold & Calestro, 1978; Eist & Mandel, 1968; Herman & Hirschman, 1977; Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotk, Pittman & Flomenhaft, 1967; Molnar & Cameron,

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[5] Ward's comments pertained to the mid 80s. Now the public is informed of CSA. It may be that mothers and women in general have a different perception or schema about this phenomenon.

1975; Rhinehart, 1961). Typically families were derived from psychiatric populations, reformatory schools, guidance clinics, or clinical counseling (Browning & Boatman, 1977; Dixon, Arnold & Calestro, 1978; Eist & Mandel, 1968; Herman & Hirschman, 1977; Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966; Machotk, Pittman & Flomenhaft, 1967; Molnar & Cameron, 1975; Westmeyer, 1978). As well, authors' analyses proceeded from theoretical frameworks, such as family therapy models and psychoanalytic theory. Such analyses reinforced notions of women as suspects merely by association or else as inherently pathological. For example, Lustig and his colleagues (1966) endorsed the view that incest was an oral dependency manifestation. Daughters were rejected by their mothers and thus turned to their fathers for revenge. Further "in these families both the mother and father seemed to define and experience the daughter as a maternal object, projecting onto the daughter their maternal introjects and sexual fantasies" (p. 38). The difficulty with this interpretation is how it is linked to historically dominant psychoanalytic discourse which situated women as culpable. Such views failed to consider how gender is hierarchically structured, and the how this structure impacted children's and women's relationships, behavior and choices.

Fathers in the context of incestuous families: perpetrators but excused. In contrast to mothers, fathers were accorded considerable sympathy and in essence largely denied full responsibility of their actions. There were many ways in which academic discourse accomplished the exoneration. The first way related to the family therapy parlance. For example clinicians noted that the focus of therapy should be family dynamics as opposed to the sexual activity: Furthermore the sexual activity was a symptom of the confused relations of the whole family. By treating the whole family, responsibility for the sexual activity is distributed and such acts would thus be prevented (Machotk, Pittman & Flomenhaft, 1967, p. 113). Placing individual guilt in perspective translated into the guilt of colluding members (this being the mothers), as they were to realize their crucial role and motivations for this collusion. In this discourse fathers faded from analyzes; incest was considered "a symptom of the disordered family relations" (p. 114).

Guilt for the incest was also discharged through discourse that linked fathers' present behavior back to families of origin (Kaufman, Peck & Tagiuri, 1954; Raphling, Carpenter & Davis, 1967). Fathers' childhoods were characterized by deprivation. Coming from poverty stricken and cold families, fathers were characterized as merely reacting to patterns of deprivation that were set in childhood. Fathers simply lacked emotional maturity due to their unhappy childhoods. As Ward (1985) commented this argument does not adequately account for all those individuals with unhappy childhoods who do not commit CSA.

According to family systems discourse, fathers acted in patterned ways. As mothers displaced hostility unto daughters, reversed maternal roles with daughters, and deserted their husbands sexually, fathers turned towards daughters for sexual fulfillment. In short fathers experienced deprivation as youths and adults and as a consequence were only acting out their needs (Kaufman, Peck &Tagiuri, 1954):

Basically these men were characterized as "dependent and infantile" (Kaufman, Peck & Tagiuri, 1954; p.269). These forms of interpretation were linked to family systems theory whereby all members of the family were considered as contributing to the functioning and maintenance of patterns. Within an incestuous family, such a theory would view all members as being responsible for the incest. What is problematic about this perspective is that it ignored the hierarchical nature of relationships and the issue of power within families.

Another pattern, called the multigenerational incestuous family, was described (Raphling, Carpenter & Davis, 1967). One father witnessed his own father having sexual relations with his sister. Following this incident he started to have sex with his older sister and was seduced by his mother. After leaving home, marrying, and having children of his own, he started incestuous relationships with his daughters. Raphling, Carpenter and Davis (1967) argued that incest offenders were socialized to offend through their own experience with CSA. Similarly, recent academics and clinicians have explored the argument/hypothesis of generational CSA. On the basis of two extensive reviews (Fergusson & Mullen, 1999; Marshall, 1997), a substantial proportion of offenders were noted to experience CSA. While there is the possibility that imprisoned child sex offenders falsely represented their childhood, most studies have found a higher incidence of CSA than what is normally present in the population at large. For example, Fergusson and Mullen (1999) reported that between 20 to 30% of male child sex offenders experienced CSA. On the other hand, higher victim prevalence rates are found among females, and based on this theory it would follow that women would constitute a substantial proportion of child sex offenders. However, given that women commit less than 10% of all CSA offenses, the weakness of this theory is readily exposed. This gender difference is noteworthy and may represent significant differences in power relations, sex role socialization, and sexual oppression between men and women. Despite this argument, it is evident that generational theories deserve consideration in light of the observation that significantly more offenders report CSA than the population. Yet, acceptance of the generational thesis should not obliterate a consideration of how gender affects the expression of power. Ward (1985) argued that fathers (she is referring to all male child sex offenders) exercise their prerogative in sexual domination. Further it is the "infrastructure of masculinity and femininity" that was responsible for Father-Daughter rape, as men were socialized to see others as possessions and sex was an expression of their masculinity. Ward's argument stressed how influential power was to the dynamics of father-daughter incest. Her assumptions refer to all men and could be described as essentialist. It is notable that neither the generational nor feminist view of CSA as purported by Ward account for, explains or describes all factors and situational variables. Both gender and childhood traumas are important in the consideration of how childhood sexual abuse occurs within the confines of families.

Daughter of incestuous families: co-participants. Clinicians and academics' assumptions of daughters' involvement invariably assigned some degree of complicity (Kaufman, Peck & Tagiuri; 1954; Lustig, Dresser, Spellman, & Murrary; 1966; Molnar & Cameron, 1975; Raphling, Carpenter & Davis, 1967). For example, Raphling and his colleagues (1967) wrote: "The daughter passively accepted her father's proposals, but states that she derives no sexual pleasure from these acts" (p. 508). Molnar and Cameron (1975) wrote "they displayed a certain degree of assent in the incest behavior until the time of disclosure" (p. 375). Complicity was then accorded to daughters on account of their passivity or assent. The underlying assumption was that anyone who does not wish to participate would stop their fathers or report the incestuous activity. Accordingly, authors searched for evidence of daughters' complicity, reporting the length of time the incest occurred and who finally reported it (Lustig, Dresser, Spellman, & Murrary; 1966).

Interestingly the assumption of the daughter's complicity was made in the context of psychoanalytic theory and family therapy models to describe personality structures and family dynamics. Further, such analyses ignored power inequities that existed for daughters in terms of both their developmental dependency and gender roles. Accordingly, authors who used power as a construct were very few, but when used analyses typically considered how daughters were silenced, forced to comply, dependent, and their attempts to disclose (Herman & Hirschman, 1977). Further, when considered from the daughters' viewpoint such analyses considered the impact of the incestuous activity. For example, Herman and Hirschman (1977) reported how women initially suppressed feelings and isolated themselves in response to incestuous activity and how this continued into adulthood.

Some academics and clinicians went beyond descriptions of daughters as simply passive to assign malignant motivations. For example, Lustig, Dresser, Spellman, and Murrary; (1966; p.39) assigned revenge as an underlying motive for daughters' incestuous involvement and thus implied conscious deliberation or choice. This argument is linked to the historical Freudian psychoanalytic discourse that theorized the importance of early satisfaction of needs and the impact of unfulfilled needs on the psychosexual development of children. Currently evidence as gathered from clinicians and academics has documented the ways that children/adolescent are enticed, forced, or pressured into the activity. Thus our current understandings do not support the assertions that daughters have a choice or that both parents typically report a feeling of sexual insufficiency (Groth & Burgess, 1977).

Perpetrators

Decades of 1900 to 1930s. Unlike the family, literature on perpetrators is extensive in early decades. Two sexologists, Krafft-Ebing (1931) and Bloch (1908) were interested in describing aberrations in normal sexuality. In the context of these discussions, children were considered as having the potential for premature awakening of their sexual instincts. For example Krafft-Ebing (1931) wrote, "In these cases of premature manifestation of libido the children begin early to masturbate; and, since they are greatly predisposed constitutionally, they often sink into dementia, or become subjects of severe degeneration neuroses or psychoses" (p.56). Evidence of this came from case studies of children who start to masturbate. For example, Krafft-Ebing (1931), described one eight old girl, who was from a respectable family, as not having have any feelings of guilt or shame. He noted that she had started to masturbate since she was four years old and since that time "consorted" with school aged boys. She also thought of murdering her parents so she would be able to indulge in sexual pleasures (p.56).

At the same time, Krafft-Ebing incited strong moral condemnation for perpetrators of childhood sexual abuse. For example he wrote "the term violation, in the legal sense of the word, comprehends the most horrible perversions and acts, which are possible only to a man who is a salve to lust and morally weak, and, as is usually the case, lacking in sexual power" (p.552). Bloch (1908) unlike Krafft-Ebing (1931) implied through discussion of children who initiated or provoked sexual activity that only a certain proportion of perpetrators of CSA were responsible for the act. He wrote: "In many instances this sexual perversity occurs in children who in other respects are perfectly healthy, and is evoked by seduction, bad education, and chance causes, such as intestinal worms, etc." (p.637). Furthermore, offenders were to be examined for evidence of hereditary degeneration (severe mental disorder, alcoholism, syphilis, diabetes) that produced physical and mental symptoms such as malformations and bizarre characters. Tattooing was also of importance in sexual perversions as it was linked to the stigma of degeneration. Those with mental disturbances were not responsible for their perverse sexual acts. Diminished responsibility was accorded to healthy individuals who in isolated instances acted under the influence of alcohol or an excessively strong emotion.

Both Bloch (1908) and Krafft-Ebing (1931) used case studies to illustrate the various types of perpetrators and categorized the different type of offenders. Krafft-Ebing categorized this type of violation according to the existence or nonexistence of psychopathology. Among the latter where no psychopathology existed, three types of cases existed: debauchees who have morbid sexual cravings, insecure young men, and lewd servant girls, governesses, and nursemaids. As for the category of perpetrators with psychopathology, acquired mental weakness, chronic alcoholism, paralysis, mental debility due to epilepsy, injuries to the head, original mental defects, and states of degeneration were illness states associated with violating children. Included among these was a separate category of individuals who were "drawn to children not in consequence of degenerated morality or psychical or physical impotence, but rather by a morbid disposition, a psycho-sexual perversion, which may at present be named paedophilia erotica" (Krafft-Ebing, 1931, p.555). This latter group was described as "tainted" (p. 556) and primarily attracted to children. These individuals were considered to be a threat to the community, required surveillance, and medical treatment. A thorough investigation of the individual was required.

Unlike Krafft-Ebing, Bloch (1908) thought paedophilia erotica was a "widely diffused phenomenon" (p.633) arising from superstitions (i.e., cured venereal disease and prolonged life). Such practices were also associated with men who were impotent with women. Irrespective of whether or not the practice was related to health beliefs or impotence, Bloch believed that the sexual use of children was associated with primitive or "savage nations" (p.633). Other classes of adults who sexually misused children were those with access to children, such as governesses, servants, and schoolteachers. Women in these positions sexually misused children as they lacked opportunity with grown men. Another class of perpetrators was debauchees who sought new sexual excitement as with children.

One article from this period represented a British government Departmental Committee publication "Sexual offenses against Young Children" (1935). The committee was formed with the intent of exploring if actions could be taken with respect to "sexual offenses against young children". Committee members reviewed the existing literature and categorized offenders into three different types:

1). Mental disease,
2). Psychopathic personalities, mental deficiency or periodic mental instability, and
3). Psycho-neurotics.

The committee recommended physicians mentally evaluate offenders, record the numbers of perpetrators in each category, and devise some way of handling second and third groups as the first group was already handled.

Another category of literature was derived from prison populations of identified sex offenders (Henninger, 1939; Roach, 1930; Shaskan, 1939; Smith, 1924). Following a trend to examine sex offenders, either prior to conviction (Henninger, 1939; Roach, 1930; Smith, 1924) or after serving their prison sentences (Shaskan, 1939), physicians classified different types of sex offenders. For juvenile sex offenders classifications were made on the basis of characteristics of their home environments (Roach, 1930). For adults sex offenders classification consisted of descriptions of mental conditions (Henninger, 1939; Shaskan, 1939; Smith, 1924). For example, the categories of psychosis or insanity, alcoholism, mental defectiveness, senility, epilepsy, syphilis, and gonorrhea were used to classify sex offenders (Henninger, 1939; Shaskan, 1939; Smith, 1924). The mental condition of sex offenders was considered in the context of the whole group of sex offenders as opposed to subtypes such as exhibitionists or rapists (Shaskan, 1939, Smith, 1924). Senile sex offenders were considered to be a serious social problem (especially for children) that escaped the attention of the law (Henninger, 1939). The prevalence of senility among American male sex offenders was cited as 5%. Henninger (1939) wrote, "that this number is inconsequential is far from true" (p. 436). Earlier sexologists such as, Krafft-Ebing (1931) and Bloch (1908) considered senility as a disease process that altered the character and morals producing lascivious speech and gestures directed towards children. The offender was characterized as trying to prove sexual power in the wake of diminished physiological processes.

Among juvenile delinquents, sexual offenses were considered to be one type of delinquency (Roach, 1930). For females, sex offenses (which mostly consisted of promiscuity) were the most frequently committed delinquency. Many convicted adolescents were sent to maternity homes or hospitals.

Decade of 40s and 50s. Without exception prison populations continued to serve as sources for examination and analyzes of perpetrators. Subsequently academic discourse is thus based on this population (Apfelberg, Sugar, & Pfeffer, 1944; Erbe, 1941; Krinsky & Michaels, 1940; Pollack, 1944; Riemer, 1940; Selling, 1940; Waggoner & Boyd, 1941). As in previous decades, individuals continued to be categorized according to mental pathology (Apfelberg, Sugar, & Pfeffer, 1944; Krinsky & Michaels, 1940). For example, categories consisted of mental deficiency, psychosis, alcoholism, senility, syphilis, and personality disorders (Apfelberg, Sugar, & Pfeffer, 1944; Waggoner & Boyd, 1941). Comparative analysis between different categories of sex offenders and between different types of criminality began (Apfelberg, Sugar, & Pfeffer, 1944; Erbe, 1941). For example, Apfelberg, Sugar, and Pfeffer (1944) described pedophiles in terms of their personality profile and group characteristics; they were usually married or previously married, older, aggressive, and characteristically failed at adult sexual relationships, thus turning to children. Exhibitionists on the other hand were submissive and suffered from feelings of inadequacy and impotency.

Alcoholism, the older sex offender, and the juvenile sex offender were areas of interest in the literature. Alcoholism was postulated as contributing to commission of sex offences through its aphrodisiac properties and loss of self-control (Selling, 1940). Studies documented 35% to 53% of all sex offenders as using alcohol in excess (Apfelberg, Sugar, & Pfeffer, 1944; Krinsky & Michaels, 1940; Selling, 1940).

The older sex offender continued to be of interest, but less emphasis was placed upon the senility. For example, Pollack (1944) investigated prison populations and court dockets from eastern American and discovered that the leading offenses among the aged were sex offenses and property arson. Unlike violent crimes, which dramatically decreased among the aged, sex offenses decreased only slightly. Seventy percent of sex offenders sixty years or older were involved in sex offenses for the first time. The majority of victims of older sex offenders were children who were unrelated (strangers) to the offender. Thus the stereotype of the dirty old man made its débût. The typical older offender refrained from violence, enticed children through bribery, and lacked foresight with respect to the crime they committed.

The juvenile sex offender was examined separately from the general category of juvenile delinquency (Waggoner & Boyd, 1941). Once again this population was obtained from those who came into contact with the legal system or those who were referred for psychiatric examinations. Krafft-Ebing and Bloch's etiological explanation of precocious sexual awakenings due to constitutional dispositions were discounted. Instead, children's environmental and familial backgrounds were described as inadequate; poor parent-child relationships were described in every case.

Interest in familial backgrounds, racial, educational, and economic status of sex offenders were apparent as academics analyzed these in terms of their etiological impact (Apfelberg, Sugar, & Pfeffer, 1944; Erbe, 1941; Riemer, 1940; Weinberg, 1955). Less emphasis was placed on constitutional factors. For example, the proportion of Negroes[6] among sex offenders was reported to be higher than the population (Apfelberg, Sugar & Pfeffer, 1944). Ethnicity was also considered to be important, with discrepant findings found between studies with respect to the proportion of nonnative citizens (immigrants) among sex offenders versus those found in the population. Basically sex offenders were described as poorly educated, unintelligent and unattached (Ellis, 1951; Erbe, 1941; Apfelberg, Sugar & Pfeffer, 1944).

Generally women were not included in the analysis of sex offenders. If mentioned, it was noted that they constituted the minority among sex offenders (Krinsky & Michaels, 1940; Pollack, 1944; Waggoner & Boyd, 1941). For example, Pollack (1944) noted that only one woman was found among older criminals who committed sex offenses, homicides, or assaults. As similar to earlier decades, promiscuous female adolescences were considered to be sexually deviant or sex offenders (Atcheson & Williams, 1954). For example among juvenile sex offenders, one adolescent was apprehended after the police found her having sex with a taxi cab driver. Characteristically, the authors doubted the adolescent's claims of having been sexually abused by her stepfather (Waggoner & Boyd, 1941).

Discourse connected to male sex offenders linked sexually promiscuous females to their offences and thus mitigated offenders' responsibility for the crime (Apfelberg, Sugar & Pfeffer, 1944). For example, Apfelberg, Sugar, and Pfeffer, (1944) wrote: "From a social standpoint, our main legal and psychiatric concern should be directed towards the pedophiliac sex offenders.... In such cases environment, chance circumstances, and the general problem of sexual delinquency among minor girls are more important than the psychiatric status of the offender himself" (p.768). Apfelberg, Sugar, and Pfeffer's views were consistent with the views from previous decades.

Incest offenders were also studied as a separate category (Riemer, 1940; Weinberg, 1955). Once again observations and analysis were based upon prison populations. Riemer (1940) described father-daughter incest as being more common in agricultural communities with low cultural standards and within disorganized groups of industrial laborers. Both Riemer (1940) and Weinberg (1955) described father incest offenders as unskilled manual workers or as industrial workers. Both described a pattern of declining physical strength in occupation force, disruptions such as accidents and unemployment, sexual unavailability of their wives, and biological maturity of daughters. Weinberg (1955) also characterized the father incest offender as older, approximately 40 to 44 years of age, of dull normal intelligence, poorly educated, with rural upbringing either in America or Europe and very dominating within their families. Brother-sister and mother-son incest were also described, with offenders of brother-sister incest being described as not being subservient to their fathers, while mothers of mother-son incest were aggressive and controlling.

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[6] Either the term Negro (Apfelberg, Sugar, Pfeffer, 1944) or colored (Pollack, 1944) was used by authors of this time period. These terms reflect disrespectful attitudes. I do not endorse racism.

Until this time, authors referred to sex offenders in terms of psychiatric diagnoses and environmental factors in an attempt to understand the phenomenon. In 1950, an act (Sexual Deviation Research Act) was passed in California that called for more research on "causes and cures of sexual deviation, including deviations conducive to sex crimes against children" (p.176). Apparently, the act followed the sexual assaults and murders of two children in California in 1949 and subsequent public outcry for government and legal action. Following this a research program was established in California for the purpose of discovering causes, consequences, and treatment methods of sexual deviance. This research program set out to research psychological, sociological and biological determinants such as hormonal influences. It was hoped that the research would lead to tests that would detect sexual deviance, like the Wasserman detects syphilis. Also of significance in this era was American FBI involvement in the crusade for detection of sex offenders (Mangus, 1953).

Decade of 60s and 70s. Comparative and descriptive studies of sex offenders continued, with offenders being analyzed in different constellations or categories of sexual perversions, such as pedophilia and incest (Bagley, 1969; Cavallin, 1966; Keeler, 1963; Kopp, 1962; Raphling, Carpenter & Davis, 1967; Scheurell & Rinder, 1973; Mohr, Turner & Ball, 1962; Weiner, 1962). Discourse on pedophilia defined the offender as male, inadequately sexually adjusted, of normal intelligence, representative of all occupational groups, and as usually married. Pedophiles are no longer represented as predominately senile old men or strangers as victims usually knew their offenders. In addition, representation over the life span was described in adolescence, middle-aged, and old age. Typically adolescent offenders were psychosexually and socially retarded, middle-aged offenders suffered from marital maladjustment, while aged offenders suffered from loneliness. Pedophile offenders were subdivided into homosexual and heterosexual offenders and further differentiated by means of their attachment to parents; homosexual offenders had positive relationships with mothers, while heterosexual offenders had distant relationships with fathers.

Sexual offenders were also analyzed in terms of a category of those who offended against very young children, defined as those who were aged 5 and less (Gebhard & Gagnon, 1964). They were described as abandoned or inadequately parented, without physical defects, and of an average age of 27. Unlike other authors, Gebhard and Gagnon described their population as poorly educated, unskilled, and below average intelligence with a sizeable proportion who were considered feebleminded.

Among incest offenders, attention continued to concentrate on father offenders of the father-daughter constellation (Bagley, 1969; Cavallin, 1966; Keeler, 1963; Weiner, 1962). Fathers were analyzed with respect to their sociological backgrounds and psychological factors. Incest offenders and their families were described as more socially isolated as compared to prison populations of wife beaters and nonsupporters (Scheurell & Rinder, 1973). Discourse no longer linked lower socioeconomic groups and lower intelligence with offenders (Cavallin, 1966; Weiner, 1962). Alternatively, middle class offenders became subjects of analysis; their intelligence and education were above average and their families of procreation were not disorganized but rather reflected poor marital and sexual relationships (Cavallin, 1966). Across all socioeconomic groups, fathers were described as having come from families with loss and abandonment (either parent or

multiple siblings). Unlike previous decades, offenders were characterized as of normal intelligence, adequately employed, predominately married, but with poor marital adjustment. Their wives were described as "rejecting and threatening," violent and psychotic, abandoning the husband through death or as seeking employment and demoting the husband to a babysitter (Cavallin, 1966, p.1134).
I interpreted Cavallin's views as misogynistic. Even death did not exonerate the wife from being blamed for the offender's lack of self-control. Offenders' were viewed in terms of their wives' sex role transgressions and any evidence of wives being other than maternal, passive, receptive, and self-sacrificing was to elicit pity for offenders. Curiously, the husband who lost his job was not criticized for his failure in providing for his family, but it was his wife's fault for casting him into the role as a babysitter. Even when women acted within normative sex roles they were criticized for some aspect. For example, Garrett and Wright (1975) interviewed wives of both forcible rapists and incest offenders at Atascadero State Hospital. Wives' supportive attitudes and their superior education were interpreted as "moral and social dominance" (p.157) or one-upmanship. They wrote "rape and incest events were useful levers by which the wives in our study can further build or reinforce the position of social and moral dominance that we believe underlay their marriages at the outset" (p. 157). Additionally, the influence of system's theory was evident in discourse as incest was symptomatic of family conflict and wives were either unconscious or conscious participates of incest (Cavallin, 1966; Weiner, 1962). As with previous decades, daughters continued to be blamed, i.e. they were described as a "dangerous influence" (Cavallin, 1966, p.1137) and not "merely helpless victims of their fathers' needs but were gratified by the relationship" (Weiner, 1962).

Psychiatry now had at its disposal a battery of instruments to administer. Offenders were administered the MMPI (Minnesota Multiphase Personality Inventory) intelligence tests, and other older tests such as the Bender-Gestalt, and TAT, and Rorschach (Cavallin, 1966; Weiner, 1962). From testing the incest offender was described as not psychotic, paranoid in thinking, and as burdened by problematic masculine identities (Cavallin, 1966; Raphling, Carpenter & Davis, 1967; Weiner, 1962). Furthermore several types of father incest offenders were found; these were the functional, disorganized, pathological, object fixated, and psychopathic (Bagley, 1969). Functional incest described families that placed daughters in roles of maternal care taking and sexual relations with fathers. Disorganized incest described social disorganization and overcrowding. Pathological incest offenders were described as mentally defective or psychotic. Object fixated offenders preferred to have sex with only children. Psychopathic incest offenders referred to those had psychopathic personalities (Bagley, 1969). However, in looking at Bagley's categories of incest, it is important to be aware that his categories were derived from literature that had accumulated from 1920 to 1960 with no attempt to discern authors' worldviews, (i.e., one worldview that predominated from previous decades was of disorganization).

In summary, authors of medical literature (in the time period of 1900 to the 1970s) largely analyzed and explained etiological origins, consequences, and who was ultimately responsible for CSA through psychoanalytic, sexology, medical, and later family therapy models. These models unconsciously endorsed misogynistic and sexist attitudes towards women and female children. It is extraordinary that assumptions of children's complicity were also evident in literature that was exclusively devoted to convicted and imprisoned sex offenders. The difficulty of accepting CSA as a social problem for all classes was witnessed late in the nineteenth century, as in the drama of Freud's ostracization following his famous lecture on hysteria, to the 1970s when clinicians specified the criteria that should be used to determine the truthfulness of children's accounts of incest. Feminist analyses of CSA were the minority among medical literature and this is not surprising given that the predominant medical model for physicians and psychiatrists largely concerned itself with a biological orientation to the human condition. Interestingly, those who represented medical discourse were physicians, psychiatrists, family therapists, and social workers. Nurses did not address the topic of CSA in this time period. This might be due to professional and educational issues that predominated nursing scholarship until more recently.

Historical Studies of Childhood Sexual Abuse

Overview

Unlike the medical literature, historical studies of CSA are fewer and of recent origin, only appearing in the 80s. One exception to this was a psychoanalytical theoretical analysis of incest in nineteenth century middle class American families conducted in the 70s. Incest was linked to the repression of sexuality (Strong, 1973). The obvious lack of earlier literature related to a basic problem, and this was the lack of recognition of CSA. Historians and other academics did not consider CSA as an extensive social problem for all socioeconomic groups. Within the last twenty years acknowledgment of CSA originated from feminists' analyses of the sexual exploitation of women and children. Not surprisingly many historical studies have a feminist orientation (Clark, 1987; Gordon, 1988a; Hooper, 1997; Jeffreys, 1985; Rush, 1980; Sangster, 2001). For example, Rush (1980) traced the existence of CSA from the Talmud and Bible to the Victorian time period as to support her main thesis that the sexual abuse of children has been historically rooted to men's belief in the "right to exercise sexual power and privilege" (p.196).

Few historians have concentrated entirely on CSA as many studies of this phenomenon are embedded in broader analyses of sexual exploitation such as rape (Chaytor, 1995; Clark, 1987), family violence (Gordon, 1988a; van der Heijden, 2000), female delinquency (Sangster, 2001), or on feminist analyses of sexuality (Jeffreys, 1985). Among the few that have concentrated on CSA are case studies of publicized incestuous families or famous victims themselves such as Virginia Woolf or Emily Dickinson (DeSalvo, 1980; Hirschhorn, 1991; McKenzie, 1999; Smith, 1992a), nineteenth and twentieth century British feminist and child protection workers and their efforts to assist sexually abused children (Hooper, 1997), and analyses of medical psychoanalytic approaches to trauma and CSA, some of which are critical and others that endorse the myth of medical enlightenment (Baartman, 1998; Cunningham, 1988; Masson, 1984; Olafson, Corwin, Summit, 1993; Simmon, 1994). Among the latter types of studies, most attention focused on Freud and his changing analyses of CSA and its connection to CSA. Another area of analyses originates from literary analyses. Two forms of analyses have been that of: analyzing incest stories in relation to their functions, embedded themes, and relation to canonical law (Archibald, 1997; Gravdal, 1995); and fictional incest stories authored by women who were suspected or known to have experienced incest (Champagne, 1996; Swanson, 1995).

Overwhelmingly, academics have confined their investigations to European and North American CSA. The only exceptions are cursory views of East Indian child marriages (Rush, 1980) and a case study of nineteenth century father-daughter incest as it occurred in the Wlyde family who lived in Cape Town (McKenzie, 1999). The lack of analyses from other geographical locations (i.e. Africa and Asia) might be related to academics and historians being concerned with other issues in these areas such as colonialism. Or it may be that historians writing of CSA in other geographical areas have not published their work.

Restrictions also apply to periods of time studied; historians have predominantly concentrated on nineteenth and twentieth centuries. Among other time periods less studied were seventeenth and eighteenth centuries (Chaytor, 1995; Clark, 1987; Morris, 1992; van der Heijden, 2000). For example, Chaytor (1995) examined narratives of rape in seventeenth century from English legal depositions while Morris (1992) used the diary of Parson William Holland and prosecutions in the county and Church courts of Somerset to examine how the church and the public distinguished between consanguineous and affinal incest. Typically historians studying seventeenth and eighteenth centuries concentrated on CSA as it occurred in Europe. This might be related to access to archival data and the invisibility of sexual abuse; the most visible form of data being depositions of rape and family violence. Even rarer are studies of the medieval period. These are confined to literary analyses of European incest stories from this time (Archibald, 1997; Gravdal, 1995).

Theoretical Approaches and Issues

Medical discourse, environmental rhetoric, and family dynamics were foundational to Smith's (1992a) analyses of the criminal trial of Erbert Miller, who was a farmer of middle class origin charged with father-daughter incest. Smith (1992a) questioned if: medical dimensions such as mental disorders of offenders, dysfunctional family dynamics, mother's absences either in physical or emotional ways, and environmental factors were of importance in past cases of incest. Smith's analysis consisted of examining the extent to which these factors operated in the Miller family. After descriptions of the court proceedings, family events linked to the trial, and outcomes of two trials, the author basically endorsed prejudicial and misogynistic views towards father-daughter incest. Her statements endorsed the view of isolation being rooted to incestuous families, the physical absence of the mother, and the difficulty in proving allegations of incest as this occurred in private. She did not question assumptions that lawyers operated with and difficulties with incest laws.

Radical feminist theory constituted the basis for Jeffreys' (1985) inquiry into the activities, campaigns, and ideologies of British women from 1880-1930 as they reconstructed male sexual behavior and sought to protect women. She basically challenged the commonly held assumption that the repressive era of Victorian sexuality gave way to the first sexual revolution of the 1920s. Assumptions held by the author were: biology does not define sexuality; sexual relations are predicated by access to different axes of power; and crimes such as rape, CSA, and pornography are forms of male domination. Through her analyses Jeffreys' outlined the importance of feminist campaigns in raising the age of consent, repealing the Contagious Disease Act, and in the surveillance of sexual violence directed towards women and children. Contrary to prevailing myths of sexual liberation, Jeffreys outlined the misogynistic views inherent in sexologists' writings and the reason for the decline in feminism after 1920.

A couple of historians used postmodern feminist theory to investigate different dimensions of CSA (Chaytor, 1995; Clark, 1987). Chaytor (1995) examined the English Northern Circuit assizes of rape depositions from the second half of the 17th century. Depositions were regarded as subjective narratives, products of their contexts. Importantly the content and structure of narratives pointed to the silences, gaps, or what was perhaps too painful to articulate. Narratives characteristically referred to clothing articles that were soiled or damaged through rape. References to damaged clothing were metaphors for how female bodies were treated. Memories of everyday tasks and objects figured in narratives and functioned to name and contain the violence. For example, a stolen riding coat and torn petticoat represented the child or woman as being taken. But at the same time these things signified life before the rape happened and that life can be repaired and resumed. Rapes were denounced in terms of who had authority over the women/children as in the husband, employer, or mother. The husband(ry) narrative referred to possession or who their labour belonged to and in this way it invoked a sense of belonging. However, the idea of possession was never fully acknowledged consciously. Accordingly, honour lay not in the victim herself but in belonging. In using psychoanalytic theory, the author commented that narratives did not describe the rape, its physicality, or even its violence. Instead the husband(ry) narrative acted to substitute sexual crime for property crime. The substitution was not conscious. By keeping the substitution unconscious the painful reality of the rape was repressed.

In contrast, Clark's (1987) study of rape in the Northeast region of England and London from 1770 to 1845 is based upon the assumption that reasons underlying men's rape of women and children varied throughout history. This is contrary to earlier feminist thought that asserted the primary motivation for rape was to dominate women and children. Clark's major premise is that by the nineteenth century discourse changed from defining rape as men's conquest of women to men's loss of self-control in the company of unchaste women. Rape was therefore connected to how male sexuality was defined. Using rape depositions in assize courts and newspaper articles, Clark observed a higher number of child sex offenders were skilled workers and artisans. In contrast, to what was commonly believed only a small percentage of the assaults occurred in factories where children were increasingly employed. The stereotype of the old man was portrayed in newspaper articles reporting CSA. Interestingly, men of gentile backgrounds were over represented in newspapers as perpetrators of CSA. However, there was evidence that certain magazines catered to gentile men as they described the sexual exploits of men with children held captive in brothels. Incest cases were represented across all socioeconomic groups, which included craftsmen.

Sangster's (2001) theoretical approach represented a synthesis of materialism, feminism, and poststructuralism. Using primary sources from Ontario court records, reformatories, and training schools of 1920 to 1960, her primary focus was to concentrate on the moral regulation of women interrogating how the law regulated and constructed an ideology of deviant womanhood. Thus her area of inquiry is quite broad, focusing on prostitution, incest, wife assault, and native women. With respect to incest, Sangster's theoretical position was to assert that incest has been defined by political, legal, and social ideologies, and by material reality of class and gender power structures. Exploring past incest cases, Sangster observed how problematic it was to secure convictions even when mothers and siblings corroborated their daughters/sisters' stories. Personal characteristics such as moral character, intelligence, and age weighed heavily in the guilt or innocence of fathers. Securing convictions rested in part with an ideology that endorsed the privacy of patriarchal families, thus even though incest was institutionalized as a crime it was difficult for most people to intervene. The belief that incest occurred to the disadvantaged and depraved families acted as a barrier in accepting incest in so called "respectable families" (my quotations). Medical discourse also influenced legal treatment as mothers and daughters were held culpable and perpetrators as pathological. Sangster concluded by stating that laws did not defend the rights of sexually abused daughters, as the existence of power relations in patriarchal families remained uncontested. The issue was not necessarily that laws were anti-liberal or even repressive.

Gordon's (1988a), unlike later feminist studies, used both control theory and feminism as frameworks for her analysis. Utilizing agency records from the Judge Baker Clinic and child rescuing agencies, which were the Massachusetts Society for the Prevention of Cruelty to Children and the Boston Children's Service Association, cases of wife assault, child sexual abuse, and neglect were examined in the time period of 1880 to 1960. Principally she expanded social control theory by incorporating a dynamic view of power, gender relations, and civil liberties. Rescue workers/social workers were not necessarily unsympathetic and at times acted to fulfill clients' needs and wishes. Nor were workers always initiators as initial contact also came from women and children. However, case records revealed how workers discriminated against poor and immigrant clients. Workers were primarily white, protestant, and middle class. With respect to incest, Gordon documented daughters' responses; these were categorized as domestic incest and sex delinquency incest. Domestic incest described how daughters adopted the housewife role with its task orientation to childcare, housework, and sexual need fulfillment of fathers. Delinquency referred to the rebellion of daughters sexually abused inside their homes and their resistance of becoming sexually promiscuous outside the home.

Using Jurgen Habermas' public sphere theory, McKenzie (1999) analyzed a 19th century incest case, of Jane Elizabeth and her father Sir John Wylde, set in Cape Town, which was under British rule. Her analyses contrasted pubic life where gender roles, class, and race were important influences. The Wldye case invoked involvement of major newspapers whose interests were political; each paper used the case for their own political agenda. The public sphere was contrasted to the private sphere. In the private sphere, female chastity and gentility distinguished the ruling class from the colonized. Women policed others on the basis of their adherence to norms of chastity and gentility. Women who violated these norms were excluded in the social spheres. Thus the private spheres of women's worlds were intimately tied to the public.

In summary, feminists initially discussed CSA as an abuse of male sexual power and privilege (Rush, 1980). This was especially important in the context of family relationships in overturning myths of female passivity, compliance, innocuous effects, and responsibility for CSA (Herman & Hirschmann, 1977; Ward, 1985). Subsequent feminists have refuted this analysis, preferring to define power as multidimensional, rooted in discourse, and therefore defined in variable ways in different periods of time (Clark, 1987; Sangster, 2001). The advantage of these later analyses was to demonstrate how ideologies, jurisdictions, and professional groups defined rape and CSA over different time periods. However, one difficulty with this approach is that power becomes elusively unanchored to individuals or groups. As well, in describing specific discourses, an underlying theme of misogyny, which remained constant, has been minimized. For example, in rape and incest trials of seventeenth century Holland, raped married women and incestuously abused children were viewed as conspirators and were exiled or their perpetrators were viewed as not guilty (van der Heijden, 2000), in medieval incest tales daughters sexually abused by fathers went into exile (Gradval, 1995), and in more recent medical discourse children were blamed for CSA.

Canadian historical contributions to CSA are few. Sangsters' (2001) work in the area of delinquency remains one of the few Canadian studies reviewed to date. Historians have interrogated institutional responses and inadequacies, discriminatory ideologies, and interpersonal responses of women and children as recorded by journalists, physicians, social workers, and lawyers. With a few exceptions, women and children have not directly entered the dialogue, thus historic accounts are largely based on public representations of CSA. Private memory, as in letters, diaries, and autobiography are relatively few in number (DeSalvo, 1980; Fraser, 1987). Furthermore, the dynamic nature of memory, that is the way both public and private memories intersect, has not been explored in CSA. Thus, this proposed study is timely, for it enters the discourse seeking to examine past memories and accounts authored by Canadian women who experienced CSA.

Theoretical Considerations

Asking the question of how public memory or public representations of CSA affect women's personal or private memories, oral history was seen a suitable method of inquiry. It is conceptualized as a complex cultural product that involves interactions between individuals' own private memories and the public representations created through media and central institutions such as government. It recognizes how "private memory can't readily be unscrambled from the effect of dominant historical discourse" (Popular Memory Group, 1982, p. 211). Nor can oral history be devoid of subjectivity for it includes individuals' "memories, ideologies, and subconscious desires" (Passerini, 1998, p. 54).

Subjective Aspects of Oral History

Many social scientists and historians were influenced by poststructuralists, postmodernists, Kuhn, existentialist philosophers, and phenomenologist's' philosophical knowledge claims. That is the validity of empiricism which stresses the generation of objective data, the generalization of data obtained from samples to populations, and the pursuit of immutable natural laws has been questioned by many recent academics as suitable for all types of scientific inquiry (Rustin, 2000). Many academics began to consider other types of epistemological inquiry as legitimate. With the questioning of the empiricism, subjective aspects of human experience, such as topics that focus on biographical accounts of ordinary women, are now considered legitimate in the pursuit of building knowledge. My topic of research fits into this category as it is not concerned with influential women. Instead, it investigates the private accounts of women's lives and their identities, asking them to interrogate cultural stereotypes of CSA and plot this against changing institutional and ideological canons of CSA. I do not seek to generalize the findings from this investigation to the general population of women who experienced CSA or lay a claim to having obtained objective data. Therefore, oral history, as defined by the writer in this investigation, pertains to the subjective realm.

Passerini (1998) provided a useful way of viewing subjectivity. She defined subjectivity as an "elastic" concept that refers to "cognitive, cultural, and psychological aspects" (p. 54). In her work of Turin workers who lived during the Italian fascist regime, Passerini demonstrated how attending to the subjective element of Turin workers' oral narratives allowed her to note the significance of their silences and jokes. More specifically, she noted how Turin workers negated the regime's existence as they either didn't refer to it all or simply did not talk about the period of time that was relevant to the regime. The gaps in participants' memories were viewed as self-censorship and led her to conclude that emotional scaring had occurred. Passerini's interpretive framework is useful to this investigation as I am very interested in how women referred to and remembered their lives during a period in history where psychoanalytic understandings of children's culpability predominated and denied its occurrence. Current medical, feminist and psychological views contest the assertions of children as culpable, its rarity, and children as fabricating sexual abuse.

Oral History and Culture

Many historians acknowledge participants' cultural backgrounds are an integral part of narratives (Popular Memory Group, 1982; Thompson, 1994; Passerini, 1998;

Personal Narrative Group, 1989). In fact, failure to consider factors such as ethnicity, socioeconomic class, and gender, and the role that these factors have on the lives of cohistorians and their narratives severely restricts what aspects of narration are attended too. For example, Passerini (1989) noted how Turin working class women have retold narratives of intergenerational rebelliousness, such as running away before marriage or of not going to school. These themes were not only embedded in women's gendered self-images, but were also found in folklore songs. Turin women's narratives were a reflection of cultural forms of expression. In fact, Passerini (1998) asserted that oral history is "pre-eminently an expression and representation of culture" (p. 54).

As applied to this dissertation, Canada, and more specifically Alberta's population is composed of many different ethnic groups as people from Asia, Africa, South and Central America and Europe have and continue to immigrate to Canada (Kin[illegible]n, 1999). Alberta as a site of settlement is of recent origin, as its settlement dates back to the 1860s (Ross-Kerr, 1998). Thus the only true ancestors of Alberta are technically Aboriginals or First Nations People. Therefore, I expected to have women of various backgrounds participate and this is precisely what was found. More importantly, it is the degree to which individuals of various groups, be this Canadian or otherwise, identify with their ethnic group that requires consideration. Being from one ethnic group does not automatically mean that one has internalized dominant cultural mores, norms, or traditions. Therefore I expected to encounter women from many different ethnicities and in various degrees of identification with their chosen ethnic groups.

Obviously, gender is a crucial consideration in the context of CSA, not only because of its association with patterns of abuse, but also because CSA demonstrates politics of sexual oppression. With respect to the patterns, it is known that female children are more at risk than male children. While investigators of prevalence rates have not always asked males about CSA, we do known from surveys that the risk is twice as high for girls than boys. As noted previously, the accepted rate is estimated to be about 20% of all females and 5 to 10% of all males. Furthermore men comprise the majority of perpetrators; approximately 90% of all perpetrators are male (Finkelhor, 1994).

In considering patterns of interactions in incestuous families, investigators have described patterns of paternal dominance and sexual oppression consisting of mothers' multiple pregnancies, rigid division of gender roles and tasks, brutalizing sexual demands, and an objectification that ultimately reduced women to the status of the other (Edwards & Alexander, 1992; Hemingson, 1994; Herman, 1981; Women's Research Center, 1989). One might argue that such behavior reflects more extreme male behavior, even psychopathology. The argument loses validity when one considers how judges over the last twenty years have granted custody rights to convicted sex offenders who were sexual predators of their own children, even when enough evidence affirmed the CSA (Armstrong, 1994)[7]. While it is true that not all males sexually abuse their children, nieces, or grandchildren, explanations that describe the behavior as aberrations or as constitutional defectiveness defuse attention away from the politics of sexual subordination. With respect to this investigation I anticipated that women's families may replicate previously described patterns of gender roles and that women's explanations for these patterns may refer to their fathers' or other males as displaying psychopathology.

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[7] About 2 years ago, a woman was unsuccessful in appealing a visitation court order to have her two daughters visit their father in prison. Even though he sexually assaulted the daughters, his rights as a father preceded whatever else he had done.

Oral History and Memory

Memory is central to the way this study is conceptualized, and refers to the intersection of public and private memory as postulated in the work of the Popular Memory Group (1982). Public memory is conveyed through political and ideological mediums, while private memory is produced in private spheres. Media productions, governmental documents, educational institutions and their publications, and museums are the various ways public memory is produced. Private memory is comprised of narratives, anecdotes, letters, diaries, and photograph albums. Neither private nor public memory exists in isolation. Private memory is affected by public representations and thus becomes entangled with public discourse (Popular Memory Group, 1982). For example, medical discourse constitutes a source of public memory for CSA. Medical representations of CSA from the 1920s to 1970s referred to children as being incorrigible, delinquent, sexually impulsive, spitefully obedient to the demands of adults for sexual relations, passive, compliant, and as fantasizing sexual relations with adults (Bender & Blau, 1937; Sloane & Karpinski, 1942; Weiss, Rogers, Darwin, & Dutton, 1955; Rosenfeld, Nadelson, Krieger, 1979). From clinical literature self-derogatory beliefs, i.e. being damaged or bad, are commonly experienced by those who experienced CSA (Gold, 1986; Hoagwood, 1990; Jehu, Gazan & Klassen, 1988; Morrow, 1991; Ney, Moore, McPhee & Trought, 1986; Wyatt & Newcomb, 1990). Women's self-blaming attributions are a point where public representations of CSA have affected their private memories of CSA. In the case of this research, women's life narratives served as a source for private memory and were explored for points of intersection or diversion with public memory (as in psychiatry discourse and health care discourse).

This study is derived from the work of Thomson (1998) who demonstrated how private and public memory mesh together through a description of Australian war veterans' narratives and the public legends of World War I. He focused on a war veteran, Fred, and recounted the stereotypes and discrimination he experienced upon reentry to civilian life. Anzac Day, which commemorated and glorified World War I, depicted war veterans as wild drunken men lusting after women. This was not Fred's experience and as a consequence he was not able to identify with this depiction. Alternatively, other war veterans were able to identify with this stereotype as it resonated with some aspect of their youth. As time progressed depictions of World War I soldiers changed as their victimization began to be portrayed. As these changes occurred Fred felt more comfortable with his identity as a veteran.

Thomson's work directly focused on how we compose memories to "make sense of the past and present" (p.300). Memories of experiences are remade or repressed "because they do not easily accord with our present identity or because their inherent traumas have never been resolved" (p.301). The private process of composing memories uses "public language and meanings of our culture" (p.300), and is quite public. Memories are painful if they don't conform to public cultural norms. Composure acts to help us feel comfortable with our lives and to ensure that memories are publicly acceptable. Considering the very violent and traumatic nature of war, the use of Thomson's approach is relevant to CSA due its traumatic nature and stigma. As well, past public representations of CSA were largely inaccessible to most people as psychiatric discourse and literature on the incest taboo were orientated to either highly educated people or to physicians and psychiatrists. The exceptions were the biblical story of Lot and a few works of fiction. However none of these representations were sympathetic to children nor did they represent feminist understandings of power and gendered relationships. Thus it could be said that the past public representations of child sexual abuse due their rarity and negative portrayals would invoke psychological pain.

Within the context of CSA memory is a hotly debated topic and refers to both public and private memory. Public memory is highly influential and has been represented through various representations, such as medical discourse and fictional literature. More recently public memory of CSA has expanded to include media, who have sensationalized CSA (Armstrong, 1994). In reference to private memory, an understanding of trauma and its effect on memory is foundational to the work of comparing representations of public memory and women's private memory. Trauma naturally affects women's private memory and to fully understand its impact a basic understanding of biological memory is required. Primarily two systems are thought to be responsible for recording information and events and these are implicit and explicit memory. Implicit memory or "procedural memory refers to skills and habits, emotional response, reflexive actions, and classically conditioned responses" (van der Kolk, 1996, p. 281). Whereas explicit memory refers to memories that are actively constructed; therefore it is affected by individuals' current worldviews and situations. Despite, its malleability, certain aspects of explicit memory do remain stable as shown by studies that examine memories that are emotionally and culturally significant to individuals. On the other hand, implicit memory is not subject to this construction process as it is stored in different regions of the brain.

Some traumatic memory is hypothesized to be a form of implicit memory. In the case of traumatic events such as CSA, if levels of norepinehprine become too high the information associated with the event(s) is not integrated in consciousness. In anatomical terms, extreme levels of norepinehprine stop information from reaching the frontal cortex, the area that is thought to be responsible for integration into a narrative type of memory. Instead the hippocampus, which is the region of the brain thought to be responsible for sorting out information, does not function and the information is thereby routed to lower parts of the brain where it is stored as sensory experience (van der Kolk, 1996).

Psychiatrists and psychologists use the term dissociation to describe in phenomenological terms how a traumatic experience, such as CSA fails to be integrated into a narrative type of memory. It occurs at the time of the trauma and is classified according to the type of disintegration that occurs. One type, called primary dissociation, is memory of trauma that is encoded in the form of sensations and emotions, and therefore is not integrated into personal narratives. It appears to be implicit memory. Secondary dissociation refers to alterations that occur to individuals' perceptions of time, place, and person during the trauma. For example, during a car accident, it is not uncommon to experience a slowing down of time. Tertiary dissociation refers to subsequent development of dissociative disorders such as posttraumatic stress disorder and dissociative identity disorder (van der Kolk, van der Hart & Marmar, 1996). Traumatic memory differs from explicit memory, in that it can exist separate from consciousness, may return when triggered by reminders similar to the original trauma, and will not necessarily be in the form of verbal memory (McFarlane & van der Kolk, 1996).

Before relating this information back to the methodological considerations of using oral history, the reader needs to be aware of another issue. More specifically, this concerns a debate that has erupted over the accuracy of women's recovered memories. Recovered memories or delayed memories refer to memories that were forgotten at the time of the violent and/or traumatic event but become accessible sometime after the trauma. So basically this is another term that is used to describe implicit memory or primary dissociation. Proponents of the False Memory Syndrome purport that women's recovered memories of CSA may be fabricated as a way to ward off a painful reality, which ironically is less dramatic than CSA, or may be produced by incompetent therapists. Incompetence refers to those therapists who make suggestive comments as to the etiology of symptoms, i.e., that clients' symptoms are related to CSA when they have never mentioned CSA, and/or use memory retrieval techniques such as hypnosis (Loftus, 1993). The basis for making these assertions are empirical studies that have demonstrated how people incorporated false details of a witnessed event or from studies that implanted false memories of an event that did not occur (Loftus, 1993). So basically proponents of the False Memory Syndrome have cast doubt on the legitimacy of delayed memories.

Critics of the False Memory Syndrome assert that this syndrome only applies to a minority of women[8]; the majority of women have not succumbed to this syndrome. Further they argue that recovered memories are common to many forms of trauma such as war atrocities, rape, natural disasters, accidents, or other violence (Briere, 1997a; Everett & Gallop, 2001; Flathman, 1999; van der Kolk, 1996; van der Kolk, van der Hart & Marmar, 1996; Williams, 1994). Due to the publicity surrounding the False Memory Syndrome recovered memories have become associated with CSA and note that it is a fairly common phenomenon. Variously, one-fifth to three-quarters of women in clinical retrospective studies report periods of not recalling CSA or delayed memories (Flathman, 1999). The problem with clinical retrospective studies is the bias that may be present due to the fact the participants have identified themselves as having experienced CSA. Prospective research designs avoid this bias and provide stronger evidence supporting the phenomenon of delayed memories. In one such study where adults were known to have experienced corroborated and officially documented cases of CSA, approximately two-fifths of women and one-half of men did not recall the CSA when interviewed a decade or more later following their documented reports of CSA (Williams & Banyard, 1997). Further critics argue that evidence for the malleability of memory is based on laboratory experiments, as in the case of Loftus's car accident experiment (Loftus, 1993), and does not simulate real life events or traumatic events as they merely ask people to witness events as opposed to actually experiencing an event. Individuals' memories of experienced events as opposed to witnessed events have been shown to be fairly accurate, especially if they have personal relevance (Harvey, 1999; van der Kolk, 1996).

Now to return to oral history and memory, oral historians are very concerned with the problems that arise with memory. Namely, memory has been viewed as problematic due to the distance of time that lapsed between the event and recall. Thompson (1978) attempted to address these concerns and presented empirical evidence demonstrating both the weaknesses and strengths of memory. He argued that memory was not without its problems as it differed among individuals, suffered from a initial discarding effect, and was vulnerable to organic decay due to disease processes. Yet, individuals' accounts of the past could still be used given: (a) a willingness to recall the past, (b) the saliency of events to individuals, and (c) healthy individuals were interviewed. He enhanced his argument by demonstrating how printed documentary sources, legislative, legal documents, and letters suffered from bias. As a result of the problems posed by memory, historians evaluate narratives by assessing their internal consistency, crosschecking them with other sources, and placing evidence in a larger context.

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[8] Fabricated accounts of CSA have been estimated to account for only 4 to 8% of all reported cases (Finkelhor, 1994).

More recently, historians have returned to empirical evidence to re-examine the reliability of memory (Jeffrey & Edwall, 1994), this time drawing attention to the susceptibility of human memory to post event distortions. This evidence has been provided from controlled laboratory experiments whereby people were presented with a scene, such as an office burglary, and then were given false information about the event. Some people incorporated the false information. As a result the cautionary advice for oral historians is to avoid the use of: (a) suggestions, (b) leading questions, and (c) discrepant information embedded in clauses of questions (Loftus, 1994).

As applied to women who have experienced CSA, post event distortions are also a concern as connected to the False Memory Syndrome. Psychologists, who work with women who have experienced CSA, concede that suggestibility is a concern but only under circumstances characterized by authoritative sources, repetition of false information, false information that appears plausible, and frequent use of closed ended questions. Hypnosis and body therapies are now not recommended as ways to access memories due to the concern of suggestibility (Enns, 1996). Thus in this study, extreme care was employed in using interviewing techniques as to avoid the phenomenon of post event distortion.

To summarize, oral narratives of women who experienced CSA may indeed contain segments that will be categorized as instances of delayed memories, dissociation, or implicit memories. While the occurrence of False Memory Syndrome is fairly rare, the fact that it is still a possibility raises issues of reliability. Therefore the issue of how to determine which instances of delayed memories are credible versus those that are bogus, however remote the possibility, is of concern. My bias in this respect is to believe those who report CSA. However, unlike the practice of psychiatric nursing, acting on intuition within the confines of therapeutic listening would not be accepted within the tradition of history. More commonly, historians seek to corroborate details of events narrated or described by cohistorians (Portelli, 1998; Sangster, 1998). Yet, for those women who have experienced CSA, corroboration for the event of CSA itself is not always a possibility particularly when family member(s) are perpetrators, as family members may deny its occurrence (Hemingson, 1994; Palmer, Brown, Rae-Grant & Loughlin, 1999). As a result corroboration of CSA may not only be futile, but further risk condemnation from relatives or known associates and subsequent self-blame.

So the question remains as to how I will make judgments as to ascertain the veracity of reports of CSA? I believe that knowledge of recovery or clinical knowledge provides a useful point of reference so that the authenticity of cohistorians may be determined to some degree. According to the self-trauma model, overwhelming traumatic experiences such as childhood sexual abuse trigger biological responses, such as dissociation. Dissociation is a means by which children/adults may severe links among thoughts, feelings, and memory. It is thought to vary in degree of completeness, but most children and later as adults will have some form of recollection of the experience. Later they may experience flashbacks (delayed memories) and nightmares of the trauma. Instead of viewing delayed memories as symptoms, proponents of the self-trauma model view these as integrative biological mechanisms that the mind uses in an attempt to weave in fragments of the overwhelming trauma. The goal of therapy is to connect emotional and cognitive aspects of the experience. Since the trauma is experienced in childhood and may disrupt normal developmental processes, therapists using this model focus on developing skills that foster self-awareness and positive self-identity. Such skills allow women to deal with highly intense emotional memories connected with trauma. Remembering the abuse is thus a gradual process that seeks to deal cognitively and emotionally with portions of trauma that are less overwhelming, which in turn increase women's self resources to deal with more painful aspects of abuse. Therapists using this particular model do not actively induce women to remember, but stress recognition of their varying levels of dissociation, manifestations of flashbacks and nightmares, and their readiness to deal with traumatic memory (Briere, 1997b). It is important to understand that therapy is not concerned with producing memory.

In accordance with this framework, judgments of women's reported experiences of CSA will be made if delayed memories are described as being revealed spontaneously during the course of their lives. Further evidence for the authenticity of CSA is commanded if women describe other memories of CSA as opposed to ones that are dissociated or are only sensory memories. Accordingly, if women describe emotional symptoms and developmental difficulties that are commonly connected to the disruptions incurred through the trauma, this also will provide evidence for the accuracy of CSA. So basically knowledge of the ways that CSA manifests itself enabled me to assess the internal consistency of women's narratives.

Other areas of narration may not have the same sensitivity as CSA and therefore established procedures for checking the reliability of women's accounts will be used. In addressing this, historians have noted that error may stem from established accounts or narrators' accounts. Dealing with discrepant accounts requires gentle honesty and methods of crosschecking narratives with other sources and placing evidence in a larger context. Additionally, when events are misrepresented, the misrepresentation itself is interesting for what it signifies to the person in the context of social or psychological considerations (Passerini, 1998).

Methodical Considerations

In order to answer the research question, "In what ways do women's memories, identities, and life experiences of childhood sexual abuse conform to and/or differ from the public stereotypes and images of survivors of CSA as produced through historical public representations in central institutions, media, film, and literature", at least 10 to 12 women who have experienced CSA between 1920 to 1970 were sought and interviewed. The first interview asked women or cohistorians to provide their life histories. Subsequent interviews focused on life narratives and stereotypes, images, and discourse as produced through public institutions, film, and literature. The following sections outline procedures and issues in connection with gaining cohistorians, interviewing, ethical dilemmas, and the approach for historical analysis.

Gaining Cohistorians

What is critical to the selection of oral history interviewees is the degree to which they have experienced an event or are able to address historians' conceptions of historical processes (Grele, 1998). In contrast to this position, was the past critique of oral historians' failure to represent the typical population (Lapping, 1972; Thompson, 1978). For example, Thompson (1978) advocated sampling techniques such as quota sampling as to avoid this bias. However, to even raise issue with the ability of participants in samples to represent their populations demonstrates a misunderstanding of what is really critical to the reliability and validity of oral narratives. What needs to be examined and questioned is how I conceptualized historical processes and the appropriateness of the collected oral narratives produced to address the question "In what ways do women's memories, identities, and life experiences of childhood sexual abuse conform to and/or differ from the public stereotypes and images of survivors of CSA as produced through historical public representations in central institutions, media, film, and literature?".

As applied to this investigation, I did not consider it necessary to randomly sample the population of women to gain a sample, as I was not concerned with generalizing statistical results to the population of women who experienced CSA. Ordinarily, investigators employing correlation, quasi-experimental, and experimental designs choose samples through randomization procedures. The rational for this is to ensure that their samples represent their respective population and thus results can be generalized (Brink & Wood, 1994). Since, I am not employing statistical measures; I am not concerned with estimating the size of the sample that is required to achieve statistics that estimate population parameters. Usually, large samples are desired. Moreover, my questions of interest centers on how private memory and public memory intersect in the lives of women who experienced CSA. To deal with this topic according to an oral history approach as advocated by Grele (1998), I needed to conduct in-depth interviewing as to gain an understanding how public representations of CSA impacted women's memories, identities and life experiences.

Inclusion Criteria

Critical to this study were: the ages of cohistorians; their ability to narrate their lives and engage in discussions of past stereotypes, images, and ideologies that affected how CSA was portrayed in popular culture and institutions; and the need to have experienced CSA. With respect to the age of women, in order to have experienced CSA in the 1970s, women were considered for the investigation if they born before 1977. At the opposite end of the spectrum, women as old as eighty-five years of age were encouraged to participate as to gather narratives of women's experience, memories, and stereotypes from the 1920s.

I included women who experienced physical sexual contact or sexual exploitation (i.e. pornography) as children/adolescents with adult(s) or person(s) who were in positions of authority. The perpetrators were immediate or extended family members, acquaintances, or professionals such as priests, or baby sitters. The critical factor was not the age of perpetrators as much the existence of unequal axes of power and control that determine if sexual abuse occurred. This view of CSA endorses the belief that children do not have the developmental maturity to provide consent for sexual relationships; they simply lack cognitive maturity to fully grasp their meaning. Sexual relationships between persons who are entrusted with the care of children and adolescents, no matter how their participation was obtained, are unethical. The breech of ethics not only relates to the harm that maybe incurred and to the transgression of societal taboos, but most importantly sexual relations with children are not pedagogical relationships. Pedagogical relationships nurture by being: consistent, aware and tactfully responsive to children/adolescence's needs, and supportive of children's self-esteem and autonomy. Such relationships allow children to grow and become adults who live with continued responsibility towards others (van Manen, 1991). Clearly, sexual relationships diminish children/adolescents' esteem, create insecurity, and shame.

Sampling Method

Convenience sampling was the method of choice. I gained all of the co-historians through advertisements in local newspapers (see Appendix A). I anticipated difficulty in gaining cohistorians from older age groups, as older cohorts lived through periods where CSA was strongly associated with delinquency. To address this concern I advertised for cohistorians in agencies such as the Society of the Retired and Semi-retired or other senior organizations such as the Lions Senior Center (see Appendix B). Permission to advertise in the agencies was obtained by contacting respective agencies. However, no participants were gained from senior centers and agencies. The reason for this might be related to the stigma that is associated with child sexual abuse and greater reluctance of older cohorts to discuss issues related to sexuality.

Snowball sampling was another means by which I originally thought I would use to gain cohistorians from this time period. As cohistorians completed the first interview, they were to be asked if they knew of anyone else who might be interested in participating. However, the interviews intensely focused on the participants and as a consequence I did not ask any participants if they knew anyone who would be interested in participating.

As well, my original plans were to contact mature women who have publicized their accounts of CSA, such as the Canadian writer and journalist Fraser's (1987) autobiography and chronicle of incest (see Appendix C). However, I did not contact authors due to fiscal constraints and the favorable response I received from advertising.

Procedure for Initial Telephone Contact

Women responded to the advertisements by telephone as per the instructions in advertisements and in posters. After women identified themselves as having seen the advertisement or the poster, a script was read to them, (see Appendix D).

After questions are answered, the women were asked if they wished to participate. If they were not interested they were thanked for their interest and told that if any further questions arise they could call back. If women wanted to participate in the study, then a date and time was arranged for the study. Places where interviews took place were the University of Alberta, Clinical Science Building, women's homes, or at other locations negotiated between cohistorians and myself.

The Interview

In oral history the interview is considered to be an oral narrative in its own right. Participants are co-producers of the oral narrative as both the participant (cohistorian) and historian together weave their interpretative insights into the fabric. The historian provides: a historical framework; questions framing the inquiry, and ideas about how historical processes operated. The interview itself has its own rhythm, flow, and meanings that are not apparent in the written transcript due to verbal pauses, voice inflections or nonverbal postures (Grele, 1998). Telling one's life history also constitutes a performance of sorts as storytelling does (Borland, 1991). The audience is the historian, and future readers of narratives and listeners of tapes.

How an interview is approached or conceptualized is critical for many reasons. First, the establishment of rapport is deemed critical to bridge the interpersonal gap that exists as two people try to gain a sense of comfort with one another. In particular, this gap is even more critical when CSA is considered as this trauma may produce varying degrees of distrust (Everett & Gallop, 2001). Unfortunately many women with histories of CSA have experienced rejection in response to personal disclosures (Armstrong, 1996; Limandri, 1989; Palmer, Brown, Rae-Grant & Loughlin, 1999). Such negative social reactions may reinforce women's self-blame (that is if it is present) or even the sense that one is flawed or defective and therefore deserving of trauma. Secondly, bias maybe introduced by transgressing well known interviewing procedures (Bornet, 1955; Thompson, 1978). For example, the use of leading questions, frequent use of closed ended questions, the provision of moralizing judgments, agreeing or disagreeing with what cohistorians are saying, and dominating the conversation will elicit biased narratives. Such tactics may introduce post event distortions (a serious concern for anyone who is asking women to disclose CSA) and social bias. Social bias occurs when participants' answers are self-censored and constructed to conform to interviewers' views (Thompson, 1978). However, the tacit of becoming the "faceless person" as Bornet advised (1995, p. 250), where emotions and personal disclosures are avoided, will likely not establish trust (Wolf, 1996). One way of dealing with this is to incorporate enough opportunity for spontaneous self-disclosure, but at the same time retain enough structure as to minimize the variance that results from different interviewing styles (Thompson, 1978).

An approach often advocated by feminists and oral historians (Thompson, 1978; Bozzoli, 1991; Wolf, 1996) is the use of interviewers who share the same social status, gender, and ethnicity as participants. This is thought to overcome the interpersonal gulf that may present itself when narrators and historians do not share the same social status and is advantageous in the sense that social norms, mores, expressive meaning, notions of time, and space are mutually understood. There are definite advantages in using an interviewer who at least shares the same gender in this study as the possibility for rapport is greater given that the majority of perpetrators have been men and that women sexually abused by men may feel distrust towards them (Finkelhor, 1994). In addition, the use of an interviewer who has experienced CSA may achieve a greater degree of insider status as some commonality or mutual understanding exists. However, even within these points of shared status, there can be enormous differences. For example, it is known that CSA varies according to who perpetrators were, duration, type of act, and if violence was used (Everett & Gallop, 2001). Despite the difficulty in obliterating inequities, Wolf (1996) maintains that it is important to minimize these wherever possible.

As implied by feminist scholars, it is the investigator's responsibility to create horizontal relationships (Campbell & Bunting, 1991; Parker & McFarlane, 1991). One way of creating equality is to allow participants control in interview discussions. This allowed participants the opportunity to focus the conversation either at a personal level or political level, even serving to focus on personal situations requiring pragmatic approaches. During the course of the interviews this meant that all women talked about their personal experiences but only seven women discussed political issues related to CSA.

In summary, it is crucial that the structure of interviews address power dynamics, the establishment of trust, and ways to eliminate potential sources of bias. In what follows is a discussion of: the procedure that was used to conduct interviews; the design of the interview; and the interview questions.

Procedure for Interviews

The first interview was directed towards introductions, the establishment of rapport, outlining the study, obtaining consent, and beginning the interviewing. As I met cohistorians for the first interview, I introduced myself, engaged in small talk about the weather or other issues such as difficulty in finding the address, and generally devoted attention to ensuring that cohistorians were comfortable. This included bringing drinks such as tea or juice. Women were offered tea, juice or soft drinks at the beginning of the interview. During the course of introductions and thereafter, I created an atmosphere of openness and trust. After this I outlined the study, as per the information sheet (see Appendix E). This included descriptions of the purpose of the study, time commitment, procedure for interviews, side effects and benefits that may be experienced, provisions to maintain confidentiality, provisions for anonymity, or if otherwise desired the option of revealing their identity, provisions for withdrawal, and the role of cohistorians in reading over transcripts for editing purposes. The information sheet was given to cohistorians and they were asked if they had questions. If in agreement with participation, cohistorians were asked if they wished to remain anonymous. If in agreement with anonymity, they were asked to provide a name that they would like to use for transcripts and written historical analysis. Consent for participation with the intent of remaining anonymous was gained (see Appendix F). If however, cohistorians were adamant and resolved to reveal their identities, an information sheet (see Appendix H) outlining risks associated with this were reviewed. If after reviewing the risks cohistorians were still firmly resolved in their intentions to reveal their identities, then a separate consent form was signed (see Appendix G). As it was only one cohistorian asked to reveal her identity. However, near the end of the interview she asked to have this revoked and this was done.

Design of Interviews

The design of the interview was unstructured and conversational. I did not structure the interview in accordance with a set of prepared questions. However, I did have guiding questions for the first and second interviews that anchored me to the intent of the research. Questions were formulated as to fit the emergence of topics as obtained from transcriptions or simply as they emerge through the conversation. Cohistorians were given control over topics and the level to which analysis was directed. This meant that they could address topics at a personal level or at an ideological level. Yet, some type of boundary was necessary as to prevent interviews from being irrelevant to the purpose of the research. In the event that the interview did become disconnected to the intent of the research, I gently redirected discussion with a question. This did happen on occasion as participants lapsed into conversation about irrelevant topics such as their hobbies.

I did not consider the interviews as a place where my own needs took precedence. The interviews focused on cohistorians, their lives, and interpretations. The reason for this was to maintain interpersonal boundaries as many women who have experienced CSA have poor interpersonal boundaries (Everett & Gallop, 2001). I used personal disclosure when this enhanced cohistorians narratives or helped to establish trust and rapport.

Interview Questions

The questions for the first interview centered on getting to know the cohistorians, motivations for participation, life histories, and experiences of CSA. See Appendix I for an outline of the questions. Spontaneous questions were formulated as the interview proceeded as to gain clarification, redirect conversation, provide reflection, and encourage talking. For example after asking the reason for participating, I asked about their lives and experience with of CSA. Some women asked that I assist them with the life history as they did not know to tackle such a broad question. So in this case I asked them to start when they were preschoolers and tell me their lives and CSA at this point. Alternatively there were women who finished telling me about their lives and CSA as children and asked that I provide further direction as to promote a discussion.

The second interview if agreed to, asked participants to expand upon sections of their narratives and reflect on their meaning. As well participants were asked to reflect on the way in which stereotypes from fictional accounts, film, other media, and/or public institutions, conformed or differed from their own identities. See Appendix I for a list of possible questions to be used in second interviews. Five women did not come back for a second interview. I tried to contact these five women as to find out why they did not return, but I was only able to contact three women. One of the women stated she benefited from the interview, but needed assistance to find employment and hence she cancelled the second interview. Another woman called the writer to cancel her second interview stating she felt as if she had nothing more to talk about. The third woman had been hospitalized for severe angina and was recovering from an angioplasty. I thanked all three women for their participation. I tried contacting the remaining two women by telephone, and left messages, but neither woman returned my calls. When I reflect back on their interviews, these two women offered explicit reasons for participating in the interviews. For example, one woman stated she responded to the advertisement to inform the public that sexually abused women can be strong and can attribute blame for the abuse to the perpetrators. Another woman used to the interview as a point of critique for social services or child welfare. My own purpose for the interviews was secondary to theirs and I was aware of this when I conducted the interviews.

Subsequent interviews, as in third and forth interviews asked cohistorians to explore areas of narration in more detail. Only one person agreed to third and forth interviews. The third and forth interviews focused on her experiences with psychiatry as this emerged as being relevant to her narrative.

Ethical Considerations

As a group, women with a history of CSA can be characterized as vulnerable due to the betrayal of trust and powerlessness experienced through the abusive interpersonal relationship(s). This betrayal has been theorized as contributing to subsequent interpersonal difficulties such as isolation, difficulty in trusting others, transient relationships, searching for redeeming relationships, and poor judgment as to who can be trusted. Powerlessness in turn has been theorized as contributing to experiences of revictimization, for example, being physically, sexually or emotionally abused (Davis & Petretic-Jackson, 2000). Another facet of vulnerability relates to symptoms of distress and emotional difficulties that may or may not be associated with this trauma.

Despite recent media publication of CSA and increasing public belief, women's discloses are still subject to stigmatization (Limandri, 1989), disbelief particularly when family members are accused of being perpetrators (Palmer, Brown, Rae-Grant & Loughlin, 1999), or labeling (Armstrong, 1996). A taboo still surrounds CSA, with the survivors taking responsibility for this transgression of social mores by being silenced, shamed or pathologized. As a consequence of the various facets of vulnerability several ethical dilemmas arise and these are: anonymity, risks associated with talking about the trauma, power, and reliability of recovered memories.

Anonymity

Investigators and scholars utilizing qualitative methodologies recognize the depth of information revealed from participants may place them or alternatively their families at risk for being identified (Holloway & Wheeler, 1995; Morse, 1991; Orb, Eisenhauer & Wynaden, 2001; Ramos, 1989). Thick description is a requirement of qualitative research and is created by scholars through verbatim quotes and written descriptions of social and cultural contexts (Sandelowski, 1994). Participants' identities may be revealed inadvertently through written reports or media such as television and radio reports of the research, but the intent of most research, particularly in nursing, is to protect participants from harm and preserve their privacy (Morse, 1991).

Scholars and investigators using oral history may reveal intimate aspects of participants' lives by describing both events and subjective aspects of their lives (Anderson, Armitage, Jack & Wittner, 1990). Therefore in-depth information about participants' lives, events, and their interpretations of events may be provided. But, oral history differs from other qualitative research in that identities are usually intentionally revealed and in these instances no guarantees for anonymity are provided. For example, in Alistair Thomson's (1998) study of Australian war veterans, an Australian war veteran's identity was revealed as Alistair provided his name and told his life story. Furthermore, in oral history archives, participants are identified by name (Kirby, 1997-1998).

Yet, when using oral history to document how women lived with personal experiences of CSA, the question of whether or not women's identities should be kept hidden becomes an ethical issue. CSA is something that society has struggled to accept as a reality (Olafson, Corwin & Summit, 1993). The act transgresses deeply held morals of human behavior and as a consequence many individuals, including nurses, still find it difficult to acknowledge this reality and listen to personal accounts (Everett & Gallop, 2001). Women who have experienced CSA may hold themselves responsible for its occurrence and struggle to relinquish self-blame (Wyatt & Newcomb, 1990). As a result revealing women's identities as survivors of CSA may risk condemnation from relatives or known associates and subsequent self-blame. Voyeurism is also of concern as women feel that others may only be interested in listening to learn of the gruesome details (Castor-Lewis, 1988). My intention as an investigator of an oral history project documenting women's lived reality of CSA was to protect participants from the noted risks through the use of pseudonyms, by not revealing their geographical locations and other unique information. In keeping with acceptable ethical standards of research, participants were informed of these risks before the interview and were consulted throughout the investigation as to determine what is deemed to be public knowledge on audiotapes and transcripts (Muzychka, Poulin, Cottrell, Miedema & Roberts, 1996). Public knowledge is defined as details of events, biographical facts, or subjective perceptions, feelings, and thoughts, that women agree to print and that others will read. As women read through the transcripts of their interviews they were asked to delete any information that they do not want to appear in print. Several women did ask to have portions of the transcripts removed and this was done. A number of women were alarmed with the transcripts as they recorded women's pauses, grammatical mistakes and vernacular language. Some attempted to correct this, but when I explained this was part of conversation they relaxed and stopped trying to fix the grammar. Also, during the interviews there were instances where segments of women's interviews were not recorded as women opted to turn off the recorder. Off the record segments were noted by myself in field notes and were originally going to be referred too when some relevant aspect was revealed. However, there were no references to the field notes in the data except to report on the support I provided to women outside of the interviews and their interpersonal crises which were not related to the interviews.

Acknowledging the risks of revealing women's identity is important, yet, an opposite dilemma may occur. A paternalistic attitude may be conveyed to women when it is assumed that all women who experienced CSA are vulnerable and in need of protection. It may be that there are women who have not experienced psychological or interpersonal effects, are comfortable with their identity and status as having experienced CSA, their family or friends were supportive, and/or they simply do not want to remain anonymous. For those women who are adamant in revealing their identities and who fully understand the risks of publicly declaring that they experienced CSA, and how their names and other identifying information would appear in the dissertation and subsequent publications, a consent form was signed indicating that they agreed to this. Their consent could be withdrawn without consequence at any stage in the research. Such an approach acknowledges that women do have the right to reveal their identities if they desire to do this. Furthermore by not revealing the names of women when in fact this is desired reinforce an ideology that silenced and shamed them. In fact there were a couple of women who reported feeling psychologically unharmed by CSA and one of these women wanted other women to know how strong one could be even though something tragic had happened to her. At first this woman wanted her identity revealed but later revoked the consent when information about her financial status had been revealed. Therefore all women's identities were protected and not revealed.

Reducing the Risk of Harm of Emotional Distress and Optimizing Benefits

In qualitative research, where in depth interviews are conducted, participants are at risk of experiencing emotional distress. This is especially a concern in research where sensitive topics like CSA, murder, perinatal loss, or homosexuality are explored (Castor-Lewis, 1988; Cowles, 1988; Kavanaugh & Ayres, 1998; James & Platzer, 1999). Similarly, in oral history the risk for emotional distress exists as sensitive topics may also be discussed. For example, Hochstadt (1997) notes how Jewish survivors who took refuge in Shanghai during the Second World War, frequently expressed emotional pain, fear, and shock when describing events associated with their escape from Europe and stay in Shanghai.

One of the assumptions underlying research in the area of interpersonal trauma is that talking about it risks being retraumatized (Newman, Kaloupek, Keane, & Folstein, 1997). In subsequent research investigating the question of harm, Walker, Newman, Koss and Berstein (1997) noted that 13% of women reported unexpected distress while 5% percent reported regret in completing a mailed survey investigating childhood experiences of maltreatment and adult experiences of rape. Women who reported distress were more likely to have trauma-related symptoms, as measured in adjustment inventories. Draucker (1999) reviewed her twelve years of research in the area of CSA, during which time she conducted three mail surveys and four qualitative studies, so as to determine if participants were harmed. Only 10 out of approximately one thousand individuals requested referrals for counseling, while none of the participants telephoned her to report distress. Yet, she did receive post interview and survey phone calls from participants as they sought to disclose more about their feelings and thoughts. After finishing two qualitative studies, Draucker contacted 17 out of the 33 women who had participated as to determine what effect the research had on them. Significantly, many women reported that the interview did not distress them. However, several women reported feeling emotional during the interview and some alternatively felt distressed following the interview, but none expressed regret about their participation.

Another facet needs to be considered when discussing the effects of releasing emotional responses in research participants concerns the benefits that are associated with disclosure. Pennebaker, Kiecolt-Glaser and Glaser, (1988) found that students experienced negative emotions and physical symptoms immediately after being asked to write about personal trauma, but 6 weeks following the writing experience students' immune systems were healthier. Similar effects have been observed when participants talk and release emotions related to traumatic events (Pennebaker, 1995). Anecdotal evidence gathered by Hutchinson, Wilson, and Wilson (1994) from a number of different of qualitative studies notes how benefit is incurred from research. Interview participants perceived their involvements as providing catharsis, self-acknowledgement, purpose, self-awareness, empowerment, healing, and a voice.

As an investigator my moral obligation is to do no harm. Even though my participants may benefit from their disclosure of CSA, the risk of precipitating a life-threatening crisis still existed. For example, Cowles (1988) described how a woman started "…crying uncontrollably when she described her frequent feelings of wanting to scream…" (p. 168). Cowles responded by stopping the interview and then explored ways the woman could relieve her desire to scream. Similarly, other investigators have shared strategies that mitigated the potential to cause harm during qualitative interviews (Cowles, 1988; James & Platzer, 1999; Kavanaugh & Ayres, 1998; Morse, 1988). Strategies such as the provision of counseling referrals (James & Platzer, 1999), avoidance of an intrusive questioning style (Morse, 1988), follow-up by means of telephone calls, and the incorporation of a flexible interviewing style that allows participants control over personal disclosures (Cowles, 1988) have been noted. Kavanaugh and Ayres (1998) also note the importance of assessing participants' verbal and non-verbal behaviour during every contact as a way to gauge if distress is being experienced. For example, they described how a couple's verbal communication lacked emotion, was slow, and monotone as they talked about the loss of their babies.

Coping strategies are ways of dealing with emotional distress and were encouraged if they are not harmful. For example, humor, smoking, and drinking soda are some strategies Cowles (1988) noted participants used during research interviews. While smoking may allow women to cope with overwhelming emotions, I do acknowledge smoking is linked to diseases such as lung cancer and heart disease. During the oral history project the immediate benefits of allowing smoking did not outweigh the delirious long-term effects, thus I asked women not to smoke. The use of alcohol is another coping strategy that requires consideration. It is known that many women use drugs or alcohol as a way of dealing or coping with painful and overwhelming emotions or memories of CSA (Everett & Gallop, 2001). During the course of my research I did not encourage women to self-medicate with drugs or alcohol, not because of moralistic convictions, but mainly due to the cognitive alterations that occur to decision-making and judgment. Women needed to make fully informed decisions about what aspects of their lives/identity are to remain anonymous and with respect to how much they wish to reveal. I do not believe that they would have been able to do this when using drugs or alcohol. However, none of the women used alcohol or drugs during the interviews.

Finally, there was the distinct possibility that women choosing to participate in my proposed research have not developed beneficial coping strategies. This was a particular concern for women who have experienced severe and multiple forms of childhood abuse as trauma interrupts normal emotional development. Normally children learn how to provide self-comfort, but in the case of trauma, emotional distress overwhelms normal emotional coping resources (Everett & Gallop, 2001). In these instances I anticipated that I would need to be vigilant and intervene as the situation necessitates. For example, self-mutilation, which is the act of causing physical pain to oneself in an attempt to deal with emotional distress, is a way some women cope with their abuse. Such a situation did not occur and I did not have to use interventions such as stopping the interview, providing emotional support, or by obtaining emotional assistance from other helping professionals. While no one presented with life threatening crisis, two women experienced losses related to their current lives and required emotional support, which was provided. Support was provided outside of the interviews by taking one woman out for coffee and introducing her to a support group for survivors of childhood sexual abuse. In the case of another woman I provided support over an informal coffee at the kitchen table. I was at her house to collect her edited transcripts when she started to tell me of her family crisis. So I ended up listening and offering support. I checked back with her in one week and the crisis had been resolved. This intervention was beyond the confines of the study and my role as an investigator, but it was within scope of my nursing expertise. I felt an ethical obligation to offer what support I could since she disclosed to me. Within the role as a nurse I was cognizant of signs of unhealthy coping methods and she displayed none of these, but regardless I became a therapeutic agent. None of the women expressed unhealthy ways of coping with their distress. With the exception of one woman, all had been in therapy and many were still in therapy. Even two women who were diagnosed with Dissociative Identity Disorder displayed healthy ways of coping with their distress and both were in the process of trying to integrate their alters' memories and experiences.

I received many comments of gratitude for having given women the opportunity to discuss the topic of childhood sexual abuse. Most felt it was a topic that they could not discuss with many people. Thus the study provided an outlet to them. I even received an email message from one of the participants thanking me for having listened and helped her.

Power

Experiences of CSA have invalidated women's physical, emotional, and relational boundaries. Boundaries are described by Everett and Gallop (2001) as "the ability to establish and maintain a clear division between "me" and "you" whereby those things that are mine (body, thoughts, feelings, opinions, actions) are known to be owned and protected by you" (p.125). This may result in an inability to make good judgments regarding others' trustworthiness and also may put women at risk for being exploited as compliance to others' needs or instructions takes precedence. Castor-Lewis (1988) cautions prospective investigators to avoid this dilemma by giving control to participants by incorporating well known strategies such as giving women the right to: stop the interviewing process and taping; not answer questions posed by investigators, withdraw from the study without prejudice, and be informed of the study before engaging in it. These strategies were employed throughout the interviewing process. In fact one woman withdrew from the study as the first interview was in session. The woman was supported during this process. For the 18 woman who completed the interviewing and whose transcripts were used in the study, many asked to turn off the tape recorder when they felt very emotional. As well, I observed for nonverbal cues such as anxiety, tearing and silence and at these points asked if they wanted to turn off the tape recorder.

The Debate over the Accuracy of Women's Delayed Memories

I have included this section here to remind the reader that the reliability of recovered memories is an ethical issue. The dilemma being posed is that some proponents of the False Memory Syndrome have cast serious doubts as to the legitimacy of recovered or delayed memories. However, accumulated scientific evidence demonstrates that delayed memory storage in cases of extreme trauma is a reality. But at the same time there is evidence to suggest that a minority of women have experienced False Memory Syndrome. Therefore post event distortions are a concern as connected to the False Memory Syndrome. Yet, it is only within the context of authoritative sources, where false information is repeated and appears plausible, and where techniques such as hypnosis and body therapies are used that there is a risk for false memories. None of these techniques were used during this study. None of the women reported undergoing hypnosis or body therapy.

The remote possibility that women's memories of CSA have been falsely implanted draws attention to the issue of the validity of women's accounts of CSA. Similarly, Smith (1992b) voiced concerns about the validity of data collected from women who had become dependent upon alcohol. For these women the psychological defense of denial risked the validity of data. Smith suggested that the incorporation of corroboration strategies into the research design would address this issue. Oral historians have also been preoccupied with the question of the reliability of memory and validity of recalled historical events and commonly corroborate the data provided by cohistorians (Thompson, 1978). As an investigator, I believe that requests for corroborative evidence in relation to CSA could be harmful, particularly, when perpetrators are family members due to their likely denial of CSA (Palmer, Brown, Rae-Grant & Loughlin, 1999). On the other hand, due to scientific evidence, which has been collected on the suggestibility of memory, there are ethical considerations with respect to disclosure. Employing strategies such as leading questions, closed ended questions, and suggestive statements would be unethical and were not used.

Fifteen women disclosed corroborative evidence during their interviews as their siblings' experienced similar abuse from the same perpetrator, or their perpetrators admitted guilt through the legal system, letters or through email, or they ended up pregnant as result of the sexual abuse. Women were not asked to provide corroborative evidence but offered this information as part of their narratives. For the other three women who did not provide corroborative evidence, two of the three had accounts of child sexual abuse that did not entirely consist of delayed memories, but had memories of child sexual abuse that were never dissociated. These two women went to counselors for help because they had been troubled by the memories of child sexual abuse. For the woman who had completely dissociated her memories of child sexual abuse, she was diagnosed with Dissociative Identity Disorder and did not have memories return until she entered therapy for depressive symptoms. The fact that she has been under the care of a respected and knowledgeable psychiatrist gives credence to her experiences. As well, given the severity of her trauma, as in being choked by her perpetrator on several occasions and being subjected to torture, her diagnosis of Dissociative Identity Disorder is consistent with the extraordinary trauma she experienced.

Data Analysis

Particular approaches to historiography are derived from the questions that are formulated and the theoretical models that have been used in formulating the questions. However, as historians engage in their study, theoretical models and guiding questions may not be relevant and thus need to be adjusted. In the case of this proposed study, popular memory theory (public memory as in medical discourse and cultural images as contained in fiction or film, and individual memory), biological approaches to traumatic memory (work of van der Kolk), and psychological theories of memory (psychoanalysis as in repression) have been used to frame the inquiry.

However, as I began interviewing the appropriateness of the proposed models was tested. I found that women presented their narratives in a way that integrated current public knowledge, theories of child sexual abuse and cultural traditions with their past experiences of it. For example, it was not unusual for women to distinguish between the memories that were never dissociated versus the ones the dissociated ones or the delayed memories. Many women explained when and how their memories returned to them. Some did not experience any delayed memories, but experienced depersonalization and were cognizant of how this form of dissociation worked to protect them. Women were well educated as to the effects of child sexual abuse and how the abuse impacted their lives. All women were very comfortable in discussing their childhoods, but they also described how their adolescence and adult years were affected by this trauma. Every woman volunteered this information and this was not directly elicited. So women were well educated with respect to the current psychological understanding of child sexual abuse. During the course of the interviews, many women were less comfortable in exploring how film, literature, and medical discourse depicted child sexual abuse. Most women were able to offer summary statements about society in general while just a few were able to explore specific works of fiction and film and discuss the stereotypes that were depicted. The proposed models were valid to the study. While women were not able to directly address the question of how medical discourse impacted their memory of child sexual abuse, the impact was gleaned from the way older respondents referred to their experiences and selves as opposed to younger women's self references. Public memory as in the form of fiction, film and television were also not obvious forms of influence to women's descriptions of their experiences, but this was seen to be influential due to the differences between younger older cohorts experiences and self references and older cohorts' descriptions. However, my process in discovering this was arduous. It was after I analyzed the transcripts, provided relevant historical contexts as in the health care systems, laws, available therapeutic interventions, and media forms that I could apply the original models to the data analysis.

Defining What History Is

Southgate (1996) asserted that history is no longer defined as a "past awaiting discovery" as our understanding of history has been affected by psychology, linguistics and philosophy. For example, psychology has demonstrated the selective nature of perception as we attend to some sensory information while ignoring other information. Selective attention generalizes from our immediate sensory experience to the historical data we consider relevant to our inquiry. Further, we impose an order and create meaning on information received. It is simply impossible to describe an event without the creation of a framework that instills meaning.

Various ways of conceiving language and its relation to reality have also challenged the notion that history is a past awaiting discovery. For example, the position that language is a system of signs and determined meanings that interpret our experience challenges historicism as accounts of history are subject to whatever language system or sets of signs are being used. For the purpose of this project language is seen as a cultural construction that conveys meanings that differ through time and in different cultural contexts. For example, women's references to ways they remembered incidents of childhood sexual abuse paralleled current theoretical understandings of how traumatic memory may be dissociated.

The last challenge to historicism has come from a philosophic tradition called skepticism. This tradition dates back to Greek philosophers from the 6th century BC who questioned if we can rely on our senses or our reason to determine truth. Skepticism was first applied to historical study of the bible in the sixteenth century as it questioned the reliability and validity of its accounts. As applied to current history, skepticism casts doubt as to the likelihood of achieving historical objectivity or truth (Southgate, 1996).

Similarly this historical analysis does not represent a factual recreation of the past. The subjectivity of both me and of my cohistorians influences the narrative that is produced. Although bias is not deliberately introduced and measures to reduce its occurrence were employed, the act of writing others' life stories is a creative endeavor and it is simply impossible to bracket all assumptions and not to choose data I find meaningful.

Ways to Ensure Quality

Despite these challenges, I have not cast aside tenants that guide the production of quality history. These tenants are related to issues of: sampling, sources, and validity of the account provided.

Sampling and questions of reliability. With respect to sampling, I assessed how well cohistorians represented the historical processes being investigated in the initial stages of interviewing. To be representative women needed to experience CSA and were required to narrate their life histories. Two women who were initially interviewed did not experience CSA, but were sexually abused as very young adults. One was abused by her father while the other was raped by her fiancé. Both of these women's transcripts were excluded from the data. Another woman had great difficulty in talking about her childhood as she required a great deal of support. She withdrew from the study during the first interview due this inability to talk and was supported by the writer during this process.

Related to this issue was the question of how to judge the reliability of cohistorians' life histories. Reliability is related to the question of how reliable delayed memories of CSA are and how to judge this. As per the previous section, reliability was judged according to how their memories returned and their internal consistency within the context of their lives. None of the women suffered from organic illnesses that impaired their memory. As was mentioned previously, only one of the women had no recall of child sexual abuse until her middle age. All her memories were delayed as they were linked to her alters.

With respect to judging the internal consistency of women's narratives, with the exception of two women, sixteen women's adolescences and/or adult lives' were tragically affected by CSA. Their lives demonstrated the poor interpersonal boundaries they had, the revictimzations they experienced and the unhealthy ways that they tried to cope with the pain of being traumatized as children. Their accounts of being sexually victimized as children were consistent with the issues they later struggled with. Only two of the women did not feel as if they were harmed by the sexual abuse.

Sources of bias. Bias arises from cohistorians, the interviewer, and the interviewing process. As outlined previously, the interviewing process may introduce bias due to the power axes of interviewer and cohistorians, interviewing techniques, and general insensitivity to dynamics of relationships. My own biases are to view CSA from a feminist framework, rejecting objective clinical depictions of women as being affected by CSA and as culpable or delinquent. I also reject explanations that focus on mothers being responsible in cases of intrafamilial CSA where perpetrators are male family members. Irrespective of my views, cohistorians did have their own explanations and ways of viewing CSA. During the course of the interviews, I was aware of my views and opinions and sought to clarify how cohistorians viewed their lives. For example, I asked cohistorians to tell me how they viewed what happened to them as children, if they thought gender differences explained what happened and if they felt that they had been objectified or treated as disease entity by helping professionals. These were my biases and I sought to find out if this was true for women. There were many instances of how cohistorians' views ideas differed from mine and I accepted this. For example, with respect to the issue of gender differences between men and women as perpetrators of child sexual abuse, many women did not consider this to be an important issue. Some women felt more men were perpetrators because they had also been abused or simply because they were sick. Some women felt this phenomenon was due to biological differences between men and women. Two women were able to engage in a lengthy discussion of this issue and offered their opinions. Similarly with respect to the issue of women being pathologized, I held firm views as to how psychology and health professionals objectified and pathologized women's experiences. Most of the women I talked to offered a different opinion from mine. This led me to question my own view and change how I viewed the impact of child sexual abuse. However, I still view the objectification of any experience as dehumanizing, but I was able to view the effects or the pain of the trauma in a different manner.

In relation to the act of interpreting and writing, worldviews of participants and historians/interviewers may differ radically. As a consequence the question of whose interpretation or voice should be represented arises (Borland, 1991; Wolf, 1996). For example, Borland (1991) explained how she learned the importance of respecting women's narratives as they function to provide meaning to life and as ways of representing oneself to others. This occurred when her Grandmother reacted to her scholarly feminist article about her Grandmother's horse betting narrative by writing a fourteen-page letter to outline her discomfort with how Borland had mistakenly portrayed her as struggling to overcome patriarchical structures. Beatrice, Borland's Grandmother, explained she never concerned herself with feminism, as she felt equal in status to both men and women. Shall the voice only reflect back cohistorians views or do my own views need to be incorporated? To address this, the following strategy was used: I incorporated participants' views and fostered an open critical examination of differing viewpoints which necessitated that my own views were addressed (Borland, 1991; Wolf, 1996).

Validity. Cohistorians were encouraged to check for dates in more formal records such as their past records or diaries as to encourage validity of their life histories. In the event that cohistorionas refered to external events, I would have researched other sources as to determine the validity of the time frame and description of the event. However, no external events were mentioned. As well, cohistorians were asked to read transcripts as to ensure accuracy. In addition, to this an audit trail was maintained from the beginning to the end of the study. This recorded my impressions, hunches, and simply the events of the research.

Procedure for Data Analysis

Oral histories or life histories of cohistorians can be used in several ways. The choices are to use a single life history, a collection of stories or narratives, or thirdly a cross-analysis (Thompson, 1978). Cohistorians' life histories were used as a collection of narratives within chronological times periods and developmental periods. Women who were born in the forties and fifties were grouped together for the purpose of examining their lives within preschool years, early school years, adolescence and adult years. Similarly women who were born in the sixties and seventies were grouped together and their lives were examined within the same developmental periods, i.e. preschool years. Written descriptions of women's lives were interspersed with descriptions of what health services were available and how child sexual abuse was viewed by law and psychiatry. As well some analysis was devoted to finding and discussing emergent themes within the two cohorts. For example some of the younger cohort described experiencing the pain of the sexual abuse as "being messed up." As well, the two cohorts' lives and emergent themes are compared to each other within the differing historical contexts of each group and were also compared in terms of what was considered public memory versus private memory. For example, women's life histories reflected their vulnerability as dependent children in preschool years. Comparisons of the two cohorts revealed differences in how they referred to themselves in terms of the sexual abuse and how family members reacted to their disclosures. Sexual abuse as it pertained to women's life histories, subsequent historical representations, and emergent themes were analyzed.

Models for Historical Interpretation

Within this broad parameter analysis was directed by guidelines outlined by Denzin's (1989) interpretative biography and the diamond model of biographical interpretive method (Wengraf, 2000). Although, I am not strictly engaging in biographical study, these guidelines assist with textual analysis. Wengraf's (2000) diamond model consists of four points: the lived story, told story, context, and subjectivities. In addition, feminism will guide my interpretation of data.

Lived and told story. The lived story is simply the hard biographical data that may be extracted from the interview. The told story is "way the person presents him or herself – both in their initial narrative and in their answers to specific questions – by selecting certain events in their life (and omitting others) and by handling them in a certain way (and not in another)" (p.145). The told story is embedded in historical and social contexts which must be attended to. These are interpreted very broadly and illustrated by using an example of interviewing ex-Nazis for their accounts of WWII; knowledge of WWII and post-Nazis Germany would be critical.

I asked cohistorians to tell me their life story during first interviews. This elicited both lived and told stories. The lived story was extracted from transcripts in the form of time lines. Transcripts were also examined for the told story. This entailed examination of the narratives or set of stories in one individual, which are constituted from life events such as sexual abuse, school, teenage relationships, marriage, work etc. The stories were organized according to themes that point towards key events. In subsequent interviews cohistorians were asked to confirm the accuracy of the lived story time line through their own records and to expand upon identified stories, key events, and to identify the meaning attached to narratives and key events.

Context. The context refers to larger structures such as societal institutions and historical contexts that influenced the cohistorians. This was examined through background readings of pertinent time periods as I prepared for interviews of cohistorians. This was also integrated into the written text. Cohistorians were asked to also reflect on the way families, schools, and other institution were structured and the beliefs that influenced lives in the area of CSA.

Subjectivity. Subjectivity, (there are many ways of viewing this), refers to how the self is theorized to exist. Postmodernists have viewed the self as fragmented and multiple. Alternatively it may be defined as the self that is produced through one's choices and beliefs. Proponents of psychoanalytic theory propose that the self is motivated to defend itself against anxiety and as a consequence guards against threatening biographical information through various mechanisms such as repression or denial. Processes of guarding against anxiety may occur in both the cohistorians and historian, thus the historian needs to be considered in the context of interviews.

Not only do the historian and cohistorian need to be perceived as separate selves, but the process of conducting oral history involves the establishment of a relationship and all relationships involve transference and countertransference (Figlio, 1988). Transference is defined as the emotional reactions of a client or interviewee towards the helper or interviewer that originate from earlier parental relationships. Countertransference refers to the interviewer's need to work through their own emotional reactions towards the interviewee (Everett & Gallop, 2001). Transference and countertransference also occur within the confines of all relationship but we are not always aware of this (Figlio, 1988). There is a definite need to consider countertransference issues as childhood sexual abuse may test our assumptions of morality and causality. As well, in listening to these narratives of trauma our assumptions of how the world operates maybe challenged. Failure to deal with countertransferences issues may result in objectification of the interviewee or as situating the self (who is the interviewer) as a spectator or as a self-effacing conduit of empathy (LaCapra, 1994). With respect to my own countertransference, I was aware of my tendency to feel empathetic towards the women who participated in the interviews. It was not until the end of the interviewing process and well into the analysis that I could distance myself emotionally and listen very carefully to ways in which women narrated and presented their selves. Fortunately I had no trouble avoiding the objectification of women at any stage of the study.

Some other concepts from psychoanalytic theory were relevant to this study, such as denial and repression. However, the mechanisms of dealing with trauma are infinitely more complex than what is proposed through psychoanalytic theory. It is not simply that person is guarding against anxiety producing material, but in many cases their existence was threatened in some manner. The use of van der Kolk's (1996) work was also useful in exploring how the self reacts to trauma. In addition, the production of memory in recounting the events and self are influenced by outside representational forms. This was explored as cohistorians were asked to identify stereotypes or roles from fictional accounts, film, other media, and/or public institutions. Once some representation was identified, they were asked to describe the representation and reflect on the way it resonates, had some particular meaning for them or how it was reflected in their life narratives. Following this I examined the representation for its historical and societal contexts.

Within the context of this study, the self was defined as dynamic, multiple and influenced by self definitions and choices, but yet at the same time influenced by cultural structures and biological and psychological processes such as dissociation and denial in response to overwhelming and life threatening stress or anxiety. I believe that women exert agency or are able to choose their own beliefs even when constraints operate to limit their freedom of choice. For example, Sartre (1999) talked how being imprisoned is a constraint, but one still has the freedom of determining how to respond to this. This is relevant to the study of CSA as women are often threatened or harmed physically and psychologically in CSA. The fact women experienced CSA is not a choice due to power inequities of children and women, but women have the opportunity to make choices of how to respond to the trauma or exert some form of agency in their lives. There is interaction between structural conditions that are gendered and historically situated and individual agency that may influence women's self definitions and existence. As well, domains of public memory and discourse affect how one composes private memory and this process in effect impacts definitions of self. In analyzing women's narratives, women's selves were viewed with this complexity. In particular in this project I was interested in exploring how women defined their selves in relation to public discourse on CSA and if their self definitions differed across historical periods.

Feminism. The writings of second wave radical feminists addressed the issue of sexual violence and in particular child sexual abuse (Armstrong, 1978; Brownmiller, 1975; Rush, 1980). Many analyzed rape, pornography, prostitution, and CSA (Tong, 1989; Ward, 1985). Some of their central assumptions are as follows:

1). Radical theory is built on women's life experiences of motherhood, compulsory heterosexuality, sexuality, marriage, rape, prostitution, pornography, and child sexual abuse, and is tied to practice.

2). Through patriarchy men oppress women; this universal experience transcends class and race.

3). Patriarchy is a set of institutional structures, ideologies, and socialization processes operating to define and maintain women's inferior and men's more powerful positions. The family perpetuates patriarchy.

4). Proponents stress the need for a change in patriarchy in order to achieve emancipation.

5). Physical, sexual, and psychological violence are integral to patriarchy and are justified as normal.

6). Women's sexuality is a nexus of identity. Acts such as rape, incest, sexual harassment, prostitution, and pornography threaten bodily integrity and may result in disintegration as they affect aspects that central to women (Tong, 1989; Rowland & Klein, 1990).

One such feminist, Barry (1979), who's subject of inquiry was forced street prostitution and international sex trafficking, argued that sexual enslavement is officially sanctioned by men and rationalized as a necessary service. Certain groups of women are thought as being expendable even when this sexual exploitation takes the form of physical violence. The invisibility of this problem is of women in sexual slavery. Casual antecedents for sexual slavery are not merely economic, but are primarily linked to an unjust social order that sexually dominates women. Sexual slavery encompasses both children and women. More recent societal recognition of child sexual slavery as problematic and abhorrent, while complacent regarding women's sexual enslavement is contradictory. Barry asserted that both forms are equally problematic. Further, victimization experiences of males through male prostitution and CSA, while tragic, and no less degrading or objectifying, are not equivalent experiences. Quite simply, men are not herded and sent abroad to brothels, detained against their will, raped, or portrayed as passively submitting to sexual victimization in sadistic pornography. Men assume the aggressive role, while women do not. Sexual enslavement can exist in any situation, for example in homes, brothels, or streets, where women or children are entrapped and unable to leave.

Another feminist writer, Ward (1985) addressed child sexual abuse, but preferred to name this Father-Daughter rape as opposed to CSA or even father-daughter incest for several reasons. First, she noted that female children are more at risk for being raped and linked this directly to gender. Males commit 80% of all rapes against female children within the confines of trusting relationships. These are fathers, brothers, uncles, grandfathers, teachers, friends, stepfathers etc. The term Daughter was used inclusively to refer to any female child. Father-Daughter then referred to gender and the nature of the relationship that existed between these two. The term rape was used as it referred to dynamics and ideologies centuries old, such as those that purport and extol male aggression toward women. The family is named as a place of danger, but ironically Daughters were taught that danger exists outside the home. If the Daughter broke her silence, she was labeled more perverse.

Radical feminists did not shy away from exploring extreme forms of sexual violence. Their views offered critical explanations for exploitation across time and cultures. However, other feminists have critiqued radical feminism as essentialist as their writings imply an immutable nature has been bestowed upon men and women; that is women are vulnerable and good and men are powerful and victimizers (Tong, 1989). As well many of their assumptions negate women and men who are neither oppressive or victims. As well all families are classified as following a structure where power is linked to male gender. Clearly their writings generalize notions of oppression to all men and social structures.

Third wave feminists are a group of feminists who followed second wave feminists of the 60s. They have broadened their scope by embracing diverse perspectives and other forms of oppression (race, sexual orientation, disability status). Like second wave feminist, third wave feminists do not represent a monolithic group, but is constituted by differing ideologies, some which are more conservative than others. They seek to address injustice in the area of sexual politics and cultural production (Heywood & Drake, 1997; Kaschak, 2001). Third wave feminists have critiqued second wave feminists as having excluded various groups such as women of color and as having limited analyzes to factors that are not always relevant to other groups. However, second wave feminists are accorded with the establishment of many rights for women, such as the right to enter professionals groups who previously denied access and the recognition that rape and child sexual abuse are forms of violence and are crimes to be taken seriously. Radical feminists' writings from the 60s and 80s, although essentialist, drew attention to sexual violence and the ways it was sanctioned in societal structures and ideologies.

In this proposed research I was drawn to radical feminists' writings as they provided an understanding of CSA that stresses the inequities of power between gender within the confines of perpetrators and their families, and in other societal institutions. Historical psychoanalytic discourse regarded women and children as culpable. Today facets of psychological and medical discourse have pathologized women who experienced CSA and ignore the social context of CSA. Even though radical feminists have oversimplified the relational dynamics of how power operates; it is a useful starting point in examining CSA as social contexts are not ignored. Although I have used radical feminist writings, I acknowledge how class, race, sexual orientation, disability status and power operate in conjunction with gender in ways that are not always the same across historical time periods and different cultures.

Sample Characteristics

Twenty one women responded to my advertisements and agreed to be interviewed. Among these women, two women's transcripts and oral histories were excluded as they were sexually abused as adults. Another woman asked to withdraw from the oral history project and without any objections I supported her decision to withdraw. The total sample size for the project was eighteen women. The eighteen women were divided into two cohorts based on their dates of birth. The first cohort was born from 1945 to the end of the 1950s, while the second cohort was born during the 1960s and 70s. Both cohorts consisted of nine women.

I originally anticipated that women who responded to the advertisements would have some degree of comfort with their history of CSA as they were volunteering to participate. All women, with the exception of the woman who withdrew from the study, were able to talk about their past history of sexual abuse without uncontrollable crying, rage, hyperventilation, or other distress. Some even joked and laughed about the painful aspects of their past. In trying to be sensitive to the painful aspects, I apologized for laughing even when the jokes were intentional. All women agreed that my ensuing laughter did not exert harm or poke fun at their expense. The emotional maturity that women displayed in discussing their horrendous pasts was remarkable. One commented that she could discuss her past in such a calm manner as she had already cried and experienced the painful emotions that were associated with her abuse. For the most part women remained lucid, rational beings, fully cognizant of the interview. One woman's symptoms of angina physically limited the amount she could contribute to the conversation. In listening to this taped conversation, my guest was unable to speak for long periods of time without taking a breath. The physical energy required to talk was enormous and as a result the ensuing interview was restricted in the sense that we did not engage in any conversation as she told her life history.

When I wrote my proposal I thought women would represent all socioeconomic groups as empirical studies have only found weak associations or no relation between CSA and socioeconomic status (Fergusson & Mullen, 1999; Finkelhor, 1994). If education is taken as an indicator of socioeconomic status fifteen women were semi professionals and professionals such as RN's, librarians, business administrators, teachers, social workers, administrative assistants, graphic artists, and counselors (note the list does not add up to 15 as occupations were shared among the women). The remaining three women did not have professional education or occupations, for example, one was a housekeeper while another worked as an attendant in a shelter for women. On the other hand if employment and earnings are taken as indicators of socioeconomic status, outside employment was noted for eight of the women at the time of the interview. Sadly, one woman lost her job during the course of the interviews. Five women disclosed that they were unable to work due to the stress of dealing with the sexual abuse. For example, four women were on long term disability, another was in the process of applying for disability pension during our interviews. Some women were stay at home mothers, while others were looking for work. Upper middle class respondents were not represented among the women I interviewed. The reason for this may be due to the stigma that is still associated with child sexual abuse and the possibility that upper class women may have greater access to resources such as therapists.

In addition, ethnicity has not been associated with CSA (Finkelhor, 1994); therefore I predicted that I would encounter women from a variety of ethnic backgrounds. In fact, two women were from other parts of the world, from Chile and South Africa. Three women were First Nations, each being from different Canadian provinces. One woman identified her ethnicity as Ukrainian, while another was of Ukrainian and Greek ethnicity. For the remainder, ethnicity was not mentioned as a factor in their narratives. The majority of the respondents were Caucasian Canadians. In keeping with the residential mobility of Canadians, it is no surprise that only eight of the women were from Alberta.

I was acutely aware of my whiteness and education among respondents who were First Nations people. For two First Nations women my education was viewed with contempt. In gaining their trust, I accentuated and demonstrated my humanness many times through mutual disclosure and by humbly acknowledging my own weaknesses as to create an openness that downplayed my privileges. In keeping with feminist doctrine which holds that women are treated with respect and equality, and each person's situation is unique, I responded to both of these women's needs by being supportive as they coped with crisis. Time was spent at the kitchen table over coffee and at the coffee shop, just to offer what support I could. In fact, I accompanied one woman to a self-help group for support as she coped with her personal loss.

Some investigators have found an association between CSA and dysfunctional family environments such as parental loss, parental alcoholism/drug abuse, and unhappy family atmospheres (Finkelhor, Hotaling, Lewis, & Smith, 1989; Fergusson & Mullen, 1999). Yet, it can be argued that science is imperfect and this facet might not be true due to: recall bias; difficulties with casual models, and sampling as some studies used families identified through treatment facilities (Fergusson & Mullen, 1999). Surprisingly only two women reported growing up in supportive and happy families. Thus 16 women reported accounts of childhood adversities in their narratives. With respect to parental absences/loss, seven women reported such occurrences. For example, two women described their mother's illnesses and periods of hospitalizations. Of these two women, one woman described how these extended periods of illnesses were the occasions of her father's sexually abuse. For two women there were long periods where parents left them with extended family members. Another woman described her mother as having abandoned her for a short period to be with her lover. Sadly one woman talked about being abandoned by her mother as she was unable to financially support her and her siblings. It was her grandparents who raised her. The most heart wrenching life story was of one woman who described being taken away from her family and raised by neglectful and abusive foster parents. One set of foster parents did not allow her and her sister to sit at the table, but instead they waited behind the stove until their family had finished eating. It was only then that they could eat. Alcoholism was described in the home of one woman. For this woman, her father's drinking bouts were interspersed with violence. He was described as a very unhappy man who finally developed Korsakoff's syndrome. For the remainder of the women, unhappy familial circumstances were reported. These ranged from having to endure parental emotional and physical abuse, mothers' emotional neglect and rejection, witnessing a father who physically abused her mother, and abject poverty.

Despite the suffering women endured, their narratives were richly embedded in a landscape of emotions that provided meaning. Women's narratives not only described how and who sexually abuse them, but also described how they remembered the abuse and what this meant to them. Despite the narratives, which detailed the trauma they experienced, women exuded an attitude to hope. It was the hope of being able to: learn unconscious behavior patterns; raising children who not know of abuse in any form; and repairing any damage done to their children in their efforts to cope with this trauma. Many women lives embraced this hope as they worked towards creating a world that honored children. I am also very much aware of how there is a tendency to create heroism in narratives of trauma or adversity. Langer (1991) warned of this tendency in reference to how writers, investigators, and historians have interpreted or appropriated holocaust survivors' experiences in a redemptive manner. In essence this makes sense of the unfathomable as we are able to draw upon a familiar narrative format. This narrative format is of the hero who overcomes desolation and catastrophic events. The danger is that there are experiences for which no meaning can be made. They simply are just so horrific that they defy our rationality, emotionality, bodies, and existence.

As for the factor of age, lower rates of CSA have been reported for cohorts born before 1935 and the very young (Finkelhor, 1994). One reason postulated for a lower prevalence rate among women born before 1935 was the absence of fathers/sons/uncles/men due to the world wars. However, I have no way of determining the accuracy of this statement as the women whose transcripts were used for this project (eighteen women) were born following the world wars. No one was over the age of sixty at the time of the interviews. In fact, six women were in their 50s, five were in their 40s, six were in their 30s, and one was in her late 20s at the time of the interviews.

With respect to the functioning level of cohistorians, systematic reviews have found persistent associations with depression, anxiety disorders, suicide, alcohol abuse, psychiatric disorders, and revictimization (Fergusson & Mullen, 1999; Oddone, Genuis & Violato, 2001; Neumann & Houskamp, 1996). However, this does not conclusively equate causality, but at best this highlights risks that are associated with a history of CSA (Everett & Gallop, 2001). Moreover, survivors do not experience the same effects with the same degree of severity. Some experience none or more mild symptoms, while others experience psychiatric disorders (Bagley & McDonald, 1984; Briere & Elliott, 1994; Elliott & Briere, 1992; Finkelhor & Browne, 1988). The reason for such variability no doubt mirrors the complexity of adjustment and factors that are associated with the trauma. Adjustment is a dynamic process that involves the whole person, environment, and quality of previous relationships (Everett & Gallop, 2001; Hemingson, 1994). While I believe it is important not to minimize the pain that is associated with trauma, it is useful to remember that most research on adjustment or effects does not measure change over time. That is most studies focus on measures that are taken at one point in time and do not take into account individuals' perspectives. With respect to this project, cohistorians presenting themselves for this project certainly experienced effects which were likely associated with their childhood trauma. For example, two women disclosed that they currently suffered from Dissociative Identity Disorder and were just in the process of uncovering more alters. Both of these women were brutalized through numerous violent incidents from parental figures. Another woman labeled herself as obsessive compulsive and directly attributed this to the incest. Other afflictions reported were posttraumatic stress disorder, borderline personality disorder, depression with past suicide attempts, and adult attachment disorder. Eight women reported psychiatric conditions that were either part of their present or past identities or labels that they grappled with (i.e., these psychiatric conditions consisted of Dissociative Identity Disorder for two women, obsessive compulsive disorder for one woman, Borderline Personality Disorder for one woman, adult attachment disorder for one woman and depression with attempted suicide for three women). Six women described past extended periods drug and alcohol abuse. Most women talked of the drug abuse as a way of coping with the psychic pain they experienced. The intensity of the psychic pain can be exemplified through one woman's experience of becoming severely disorganized, to the point of not knowing that it was warm outside and thus wearing her winter jacket. In this state of intense grief, which was a culmination of losses; (such as the loss of being abandoned by her natural mother, the loss of being treated like an object from foster parents, the loss of her innocence as an equal sexual being, and the final loss of her sister through suicide who was her only link to family) she tried to kill her son. Eleven women identified patterns of sexual promiscuity in their adolescence and early adult years. One woman was a prostitute for several years as she felt that her sexual abusers and trusted adults imprinted this identity upon her.

Another very prominent pattern imbedded in the lives of women was that of being revictimized. To digress for a moment, I wish to take you to the origin of the word victim. The word victim was originally from the Latin word, victima. Victima was related to the Gothic word weiham which meant consecrate. Consecrate means a "living creature offered in sacrifice" (p. 526, Hoad, 1996). Thus one can see that the word victim has roots that take us back to ritual sacrifices such as the lambs that were sacrificed to God in early Christianity. Today the word victim, as taken from the Funk and Wagnalls Dictionary (1984), does still refer to the original meaning of consecration, as in a living creature sacrifice, but also encompasses the meaning of "one who is killed, injured, or subjected to suffering" (p. 760). Thus to be revictimized means to experience injury or suffering after initial wounding. Thus not only did women experience sexual abuse once, but many were abused over and over again. Making sense of this factor was important to one woman, as she stated that perpetrators were able to pick out the vulnerable children. Not only does revictimization refer to being sexually abused, but to patterns of victimization from their marital partners as in domestic violence of some other type of abuse. At some point in their lives, women mentioned having been involved with or still currently being involved with spouses or partners who were physically abusive, over controlling, or alcoholic. Relational patterns of not having needs met reoccurred through out their lives even for those women who did not encounter physical abuse, over controlling types of partners, or the alcoholic partner.

Not surprisingly, women presented themselves in varied ways. Some mentioned the psychiatric labels they had been given and appeared to hang on to them as this was their way of explaining what they were experiencing. For example, one woman stated she had dissociative identity disorder and this now became a marker for her identity as the disorder had become the central focus of her life. For others, they only told of the psychiatric labels as this is what they had been told, not that they necessarily agreed with the label. For example, one woman talked about being called a Borderline Personality. This was disturbing to her as she felt this label cast her as a write off, as incurable or beyond any hope of recovery. In fact, her psychiatrist often spent five minutes talking to her, or would use the appointment time to open mail while she saw her or her psychiatrist would ignore her complaints. Despite the fact that women reported psychiatric conditions and had varied ways of coping with the trauma of being sexually abuse, they were not locked into unchanging patterns[9].

Interestingly, as I reflect upon the ways in which women described their mental functioning, the majority recounted their symptoms in their life narratives to exemplify the psychic pain they experienced. Thus they did not characterize themselves as flawed or crazy. Juxtaposed to this is the large body of clinical and theoretical knowledge of adjustment in sexual abuse that offers persuasive statistical tests to demonstrate an association between sexual abuse and psychological symptoms. Furthermore, even though I believe labeling and classifying individuals is dehumanizing, and firmly adhere to the belief that sexual abuse is a trauma, I believe that discussions of psychological functioning in this context can be misinterpreted as a sign that the person is flawed. I believe the trauma is central and psychic symptoms are thus attributed to this trauma. Therefore, the notion of static psychiatric conditions and labels are not really the important issue. Sexual abuse is similar in some ways to the traumas of political torture, war veterans, witnessing genocide, and to other violence in our world. When viewed from the viewpoint of being a trauma first and foremost, the context of the act becomes central. For example, when one engages in a discussion of the psychological adjustment of holocaust survivors, it is simply ludicrous to only focus on the survivor knowing the context of the adversity they experienced. Collectively, the terrain of sexual abuse among health professionals has been to turn this wounding and trauma into a collection of symptoms which objectifies it.

I acknowledge that my position as a clinical nurse/nurse researcher/academic/woman has given me the opportunity of understanding women's experiences from a trauma model which stresses the biological origins and social nature of trauma. The advantages of viewing CSA as trauma gives authority to the different ways in which women described remembering their abuse (as will be described in the following chapters). For example, most women referred to how they remembered the abuse while using terms such as flashbacks, body memories, smell memory, out of body experience, memory being triggered and buried memory. While their terms differed they were referring to the phenomenon of dissociation as theorized by trauma models. What differs between women's lived descriptions and trauma models are women's references to their relationships, the pain they lived with and the ways in which they sought to alleviate this distress as opposed to a symptomatic approach that stresses psychological functioning in trauma models. The trauma model simply fails to reflect these aspects of their lives and thus eludes how women described their lives.

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[9] Even though I have written about risk factors and clinical symptoms, I believe it is important to remember that women and children who experienced CSA are not just a collection of disembodied symptoms, sexualized experiences, or an objective compilation of statistics.

Introduction to First Cohort: Born in the 40s and 50s

Nine women were born in the forties and fifties and consequently grew up in the fifties and sixties. The dates for their births span the time frame of 1945 to 1958. Their backgrounds differed according to family types, socioeconomic status, type of abuse, and geographical area where they grew up. Family backgrounds consisted of traditional families with mother, father, and siblings structured according to gendered roles, single headed families where one parent died or alternatively the head of the house was an unmarried female, foster families, and families where one parent was debilitated with a physical illness. Socioeconomic status of women appeared consistent as most women's family backgrounds were of working class; only one woman described herself as dirt poor, as exemplified through a description of gifts she received on her birthday, which were an orange and apple. Of the nine women, four were raised in Eastern Canada, one was born overseas, and four grew up in the Canadian Prairie Provinces. With respect to urban versus rural locations, three were raised in rural settings, either on farms or acreages. The rest were raised in urban centers across Canada.

The majority of women were first sexually abused before they were in school. Only one of the nine women was of school age when first sexually abused. Their perpetrators were mainly family members. All nine women were abused by male family members. Some perpetrators were biological fathers, brothers, uncles, foster brothers, and cousins. For one woman, her perpetrators not only included her father, brothers, cousins and school janitor, but her mother too. The fewest types of perpetrators were the acquaintances or strangers and consisted of a family boarder, school janitor, construction workers, and teenage boy. For the majority of the women, multiple perpetrators abused them throughout the span of their childhood and adolescence. The number of perpetrators ranged from two to eight. The type of sexual abuse ranged from genital and breast fondling, fellatio, ritual abuse, to sexual intercourse. In addition seven of the nine women endured emotional abuse, neglect, physical abuse, and/or spiritual abuse. For some it is miraculous that they survived as well as they did. For example, one woman remembered being strangled by her father and another was raped at knife point by her father.

The following chapters are organized according to life cycle patterns. The first chapter deals with preschool years and early school years, the second with teenage years, the third chapter with adult years and the fourth with their experiences with therapy and disclosures.

First Cohort: Preschool and Early School Years

All women have been given pseudonyms and where possible specific locales are not named due to the risk of being identified. Some women chose their names, whereas for others I selected them. One woman stated she would like to be named, but by the end of the interview she stated in jest that perhaps she would not like having her identity revealed due to the embarrassment, not of the sexual abuse, but of the social conditions she experienced growing up. Thus I chose a name for her. Even though women's names are fabricated and certain details that could identity them have been left out, everything else is based on their oral histories. Their names are Sabrina, Angela, Caroline, Erin, Helen, Cynthia, Sache, Lenora, and Rolande. Following a description of their preschool and early school years, an analysis is provided. Since Erin did not describe her preschool years, her oral history begins in the early school years.

Preschool Years

Sabrina

Sabrina was born in 1945 and grew up in a Canadian urban center in one of the Prairie Provinces. She was born out of wedlock and only saw her mother on weekends due to her mother's employment location. In the forties, babies born out of wedlock could only be adopted in the United States. Thus her mother kept her out of a sense of obligation. She stated:

> And with that happening, I never really bonded with my mother as a mother and daughter or a mother and child do, so today that bond is not there between my mother and I. She is my mother, and that's it. I don't like her. I even have a hard time respecting her because of what has happened to me as a child, and I really don't remember my early, early years. I remember seeing pictures of this baby and not knowing who this child was until I was in my fifties and asked my mother who this was. She said, "Oh, this is you."

The status of an illegitimate infant and child was still quite stigmatized during the forties. Prior to legislation, which started at the end of the nineteenth century, infants that were boarded out often died due to neglect (Peikoff & Brickey, 1991). In the 1920s, Manitoba, Saskatchewan, and Alberta passed regulatory laws to protect infants. By 1925, the Albertan Child Welfare Act provided the means to protect and supervise infant homes, boarding homes, and foster homes (Statues of Alberta, An Act Respecting the Welfare of Children, 1925). At the time of Sabrina's birth (which was 1945) several decades had passed since legislation in the western provinces passed laws protecting infants in boarding homes and adoption, but still the life of an illegitimate infant and child was not valued (Peikoff & Brickey, 1991). Illegitimacy was an ascribed attribute. For example, in Alberta, if a child was born illegitimate this status was entered in the official birth registration. The Vital Statistics Act of 1907 made this an official requirement (Statues of Alberta, An Respecting the Registration of Births, Marriages, and Deaths, 1907).

Later Sabrina's mother married and had another child. Sabrina experienced differential treatment within her family, which was confirmed for her by fiancée when she was a young adult. She commented:

> And people coming into our family, like my husband before we married and he met my mother and stepfather, he knew the difference. He says there was a difference in the treatment of myself and my sister. Yes, there was, a lot of difference, and it's

> caused hardship. My mother is responsible for that, and she could have taken a stand, and she didn't. She took stands on other issues, and she didn't take a stand to protect me, that she is a very stubborn, strong-willed woman. Yes, she could have done something, and she didn't. She sacrificed me.

When Sabrina mentioned she was sacrificed she was referring to the sexual abuse. Among Sabrina's accounts of sexual abuse some of her first memories involved her older cousins. She explained:

> Also as I was growing up, I used to always go to my aunt's and uncle's place on the farm, and I had two older cousins, and they both sexually abused me. I was really too young to know the difference, and this went on for a number of years. And as I got older, I can remember vaguely—I think I was seven—those abuses happened when I was younger.

Later as an adult a memory of sexual abuse was triggered through a visit to her physician. She stated:

> I have early memories of child abuse. I know I react to certain people. It wasn't till I was older that this reaction really hit me if I see anybody who looks like the greased hair patted down. I remember that happened to me in a doctor's office, and it really scared me. I realized that I didn't like this man and what he represented, and it brought a lot of memories back for me.

Sabrina experienced the phenomenon of delayed memories. This refers to memories that are dissociated for a period of time and later return. In Sabrina's case a visit to her physician triggered memories of being in a boarder's room. The physician's hair apparently resembled the boarder's hair, thus her memory as a preschooler was triggered. She explained the circumstances surrounding this trauma.

> I remember vaguely we were babysat, my sister and I, and this man was boarding out at the friend's place, and I remember as a child—and I know I was under five—being in his room, God knows whatever reason, but as a child I was there, and I don't remember anything else of that. But it triggered something in me that he did something that he shouldn't have. It's a fear that I have now.

Angela

Angela was born in 1947 into what would seem an ordinary family to the outside world, but in actuality, her father was very violent. She reported:

> My father kept my silence by continuously threatening to kill me, and he would do that by various means. Once when I was, I think I was around two, he was touching me in the bathtub, and I started to cry, and he would hold my head under the water. And he would also put his hands around my neck and squeeze till I blacked out. He said, "This is what'll happen to you if you tell someone."

Her grandfather also sexually abused her as a child. She stated:

> As I mentioned, my grandfather, my father's father, abused me for quite a number of years until he died when I was twelve. But it was just like it was under both my parents' noses, and I know that they knew, because I can imagine what I looked like when we got back. He always used to take me out for a treat, and we ended up going into some secluded park, and he would always try and reward me with some treat. He had to buy the treat to make it look good when we got back….

She goes on to talk about her mother's choice to deny the sexual abuse. She stated:

> …In fact, as an adult, several years ago she said to me, she said, "I never trusted your grandfather," and I kind of looked at her, and she said, "He used to bounce

> you on his knee and get off on it, eh?" And I thought, That was kind of funny. Why would she say that? And yet when my memories came back, says here this mother of mine obviously didn't trust him and let me go alone with him. I think that's terrible.

Angela's depiction of her mother is that she did not trust the grandfather but did not act on her feelings. She goes on to talk about how she became aware of the sexual abuse. She commented:

> Okay. Actually, I didn't have any knowledge whatsoever of *any* abuse until, it's almost been five years now. And how it came about, I was working, and at that time I was eventually diagnosed with clinical depression. I thought it was just stress from work. ...And it got to the point I couldn't even function; I couldn't get out of bed. And then I took supposedly six weeks off, and then I was going to go back to work, and off on the so-called stress leave, and things just got worse. I actually attempted suicide and ended up in ...hospital. Ended up with a psychiatrist, and I've been with him ever since.
>
> And so gradually over five years memories have come back, and to think that I repressed these memories for thirty, forty years is just incredible. And yet getting an insight into myself and my behavior, my way of thinking, that explains an *awful* lot of things in the last—all my life it's influenced me, and it's influenced me in every single part of my life as well.

In the above excerpt Angela referred to her memories as repressed. She later described how these memories presented themselves. She commented:

> My memories come back in the form of flashbacks. Sometimes they're just like still pictures, frozen pictures, and sometimes it's like a movie playing itself out. And they also come back by way of body memories as well.

Caroline

Caroline was born in 1950 in Eastern Canada. Like Sabrina and Angela, she was sexually assaulted by her father. She commented:

> I'll start with, I guess, when—it first happened when I was five, and it was my dad. There was no penetration or anything, but it was sexual abuse, and I'm laying under him, and he's on top of me, and he's putting his penis *to* my vagina, but not *in* or anything. And I can remember laying under him and thinking, Mo-o-om! Can't you see me? [laughs] Of course, she couldn't; it was at the top of the stairs. That's the only time I ever remember with my dad, who was an alcoholic, and him and my mom—she didn't drink or anything, but he used to beat her up regularly.

Helen

Helen was born in 1953 in an urban center in the Canadian prairie provinces. Her abuse began when she was three years old. She commented:

> ...But the earliest memory I have of sexual abuse was when I was a little over three, and my uncle and aunt—and the aunt is my dad's half-sister—would come to the city every summer on their way to some of his relatives, and they had a red camper truck. I hate camper trucks, but I never knew why until I got memories back. It's really funny how that works. [My uncle] was mean, and he drank; he was an alcoholic. And when he would come, he would take me to the park, and the memory that I got came back over a number of weeks; it took a long time. He took

> me to the park, and he put me—I was on the big swings, not the little swings, and I was only—see, I could see a picture of myself, and I was only three, about three then—and he pushed it so high that I thought that if I let go, I would go flying through the air and land on top of the community hall building, because I was just so high! And I was crying and asking him to stop and everything, and he finally did, and he comforted me and said he was sorry. And then he went on the merry-go-round, and he pushed the merry-go-round, and he pushed it so fast, and I had to hold on. If I had let go—
>
> Ann: You would have fallen?
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> Helen: —I would have gone flying out and killed myself. And so I was really upset after that, and he said, "Maybe we'd better go home." But we didn't go home the same way that we came; we took the long way home rather than—we went a block the other way; we went by the school. And in the schoolyard one of the doors, it was like a little cubbyhole because the door was inside, and you couldn't see what was in that alcove from the street. It was a perfect hiding place, and that's where he abused me. I don't know if there was actual sexual penetration, but I remember that there was blood, because there was blood on my panties, and when I came home I took them off and threw them in the garbage and then went and got more. And I hated him. I've hated him—I mean, he's dead and I still hate him. I could never forgive him, never.

The next incident of sexual abuse happened when she was five. Her grandfather was the perpetrator.

> But one of the biggest reasons that I felt like I was bad and dirty was my mom. Her parents came and were staying with us for six months, and they lived in a holiday trailer out back. I used to go—Grandma would be in the house with my mom, and Grandpa would be out in the trailer, and I would go out to the trailer to keep him company, and he always had a peppermint or a chocolate or whatever. And he molested me, and in molesting me he used a hand cream, and it was the same hand cream that I was smelling. Now, I couldn't figure out what it was, and then I went to a European store, and lo and behold, they had that hand-cream smell. …I had told my mom about Grandpa, and I said to her, "Mom, he's touching me, and it's not good. It makes me feel icky," or whatever a five-year-old would say; I can't remember. And she looked at me and she said, "You're bad and you're dirty. We don't talk about things like that. Now go outside." So needless to say, I didn't tell her ever again because—and that's why I think my mom was probably sexually abused, is because she couldn't even handle hearing that *I* had been sexually abused by the same man that would have sexually abused her. I'll never know; she's dead, and I would never have asked anyway. But this time certainly pointed toward it.

It is interesting to note that Helen's attitude towards her mother is not one of anger. Instead she tried to find a plausible explanation for why her mother blamed her and failed to protect her. She goes on to talk about how a smell triggered her memory.

> I'll start with what I remember to be my first memory. Actually, what had happened is, I started getting back a smell memory. I could smell the hand cream; I could smell a hand cream, and I couldn't figure out what it was. I sniffed everywhere in the house, and it wasn't in here. And, of course, when I could smell

> it, nobody else could. But I had no idea that that was a body memory; I didn't know at the time.

She later explained that her memories did not return until 1989. Prior to this she had conscious memory of one incident of abuse, but was unable to label this as abuse and referred to it as a dream even though she knew that it was not a dream (it is described in the early school years).

Cynthia

Cynthia was born in 1955 in an urban Canadian prairie province and was the youngest sibling among several older brothers. She described her preschool years as the beginning of the sexual abuse. During these tender young years she was sexually assaulted by four different perpetrators. The sexual abuse began when she was an infant of about four to six months. She stated:

> The first flashback I had of sexual abuse, I'm estimating that I must have been around four to six months. And the reason that I know that or that I can assume that is because I could feel a penis slide over the gums of my mouth, and there were no teeth. I had a flashback of sitting on my father's chest after having a bath. I see my hands patting him and him putting his finger into my vagina. I was young enough that I then remember my mother taking me and putting on a diaper and then feeding me a bottle, so I wouldn't have been past eight months.

Cynthia has multiple personality disorder or dissociative identity disorder. Her alter, who is named Molly, recalled the second incident of abuse. Cynthia stated:

> And I have a two-year-old alter named Molly, who described a scene where she was playing in her yard. Molly is two, and she remembers a man, a stranger as far as we know, who came into the yard and forced her to perform fellatio. And what I remember about that is my mother being terribly upset and dragging her into the house and, I think, washing her mouth out with soap and just being very upset, and then putting me to bed. And to this day I have a lot of trouble brushing my teeth, and I think it's not really the brushing; it's the froth at the end. I gag and have dry heaves from that.

Then at the age of three Cynthia was raped by her grandfather. He grabbed her when she went in to wake up him up.

> I think what happened was that my grandma and my mom were outside, and my grandpa had been inside for a nap, and I think they sent me to wake him up or something. I went in, and he grabbed me and pulled me onto his lap. I struggled, and he had me with his arm around—and I bit his arm. I was having body memories in my fingers at that time; they just felt so injured, and I didn't know what was wrong. And then I had a flashback of him biting my fingertips, and he inserted his penis into my rectum. And I remember him grabbing my leg and jerking it back, and I still—I have arthritis in my left hip.

When she was four or five years of age her brother sexually assaulted her. Unlike the other memories of sexual abuse, Cynthia has always been conscious of this incident, but tried to bury it. She stated:

> I had memory of something that happened between myself when I was about four or five and a brother who was two years older than I am, and it was a distasteful memory that I kept trying to bury, and did for many years....And then at five there was the incident with my brother ...He convinced me to go into the bathroom with

> him. He had it planned how to keep me busy, occupied, so that he could do what he wanted to do. He was coercive in convincing me that I should do this when I kept saying, "No, no, no." And then this was my big brother, so there was the power issue. And I was the youngest in the family; I was used to everybody telling me what to do. He was only two years older, but—so he penetrated me rectally with an object. He denies it, but it happened. Big sigh

Sache

Sache was born in 1957 overseas and immigrated to Canada when she was an older child. She remembered being sexually abused by both her father and uncle prior to starting school. With respect to her earlier abuse she stated:

> I've done a lot of work in therapy and just recently gone back and figured out whatever happened probably happened and I can't remember. I think it would have been my dad, but part of where I'm at right now is owning that, yes, it did really, really happen; it did really, really happen to me; and it happened before I was five. I can remember I had an uncle—and it was by various members of the family—when I was five that would have me put my hand in his pocket and play with his thumb and get me alone. …
>
> My father moved away for a while before I was five, because we were overseas then; we've moved around a lot. And when my dad left the country, I used to get this burning sensation in my vaginal area, and they would take me to the hospital, and I can remember it. And as soon as I got to the hospital I would be fine; it would go away. And I remember wishing that it would be there when I got to the hospital, and it wouldn't; it would go away. But it would be a very real, burning, screaming pain. And they would rush me off to the hospital and get to the hospital, and I'd be fine.

Sache's memories of being sexually abused by her father as a preschooler are not conscious or narrative memories as she partially remembers it. She commented:

> I knew it was wrong, I knew it was wrong, and I think now it's because it happened before. I think it's because when my dad used to take me to wash the car, and all those wonderful feelings and memories I have aren't real memories. I think that's when he would take me and whatever happened happened, I think, was when we used to go and wash the car on Saturdays. But that's kind of where I'm stuck right now; I'm not ready to cross that bridge, because it *is*, it's going to take me another—I don't know how many years it's going to take me to heal. It's been forty-five years I've been broken, and I'm just starting to see why and build on that, so I don't know.

However, Sache's memories of her uncle appeared to have been conscious memories. She commented that she kept this secret and only told her mother when she was in her twenties. She commented:

> I just kept it to myself. I don't think I told my mother till I was in my twenties. …I talked to my mother about it and I said, "I don't understand. I'm not trying to blame you, but I've got kids, and that's the first instinct a child has, is to go to your mommy. And why wouldn't I have gone to you when I was five years old?" because we used to go to that uncle's house every Sunday; I *dreaded* going there. She must have—she should have, must have, I don't know, but she didn't notice.

> And I would *dread* it, and *every* Sunday I'd have to go off with them to the room.
>
> Yes.

Once again, like other women, Sache wonders how her mother could have not known about the sexual abuse.

Lenora

Lenora was born in 1957 on a Canadian prairie farm. She was sexually abused from the time she was three years old. By the time she was five her mother confronted her about the sexual abuse. She stated:

> My earliest memory of the abuse goes back—the earliest *real* memory that I have goes back to being about three…. My abuse was by my uncle and my big brother, and my uncle basically trained my big brother in exactly how to treat girls. [pauses] I was just a little kid, right? and I was trying really hard to have companionship, I guess, or something, and this was just a part of the way things were. I never knew—no, that's not true. I really knew that there was something wrong with it because I had to hide it. I was *told* I had to hide it. But I really didn't feel an awful lot of trauma that I knew of at that time. And, of course, once the abuse started at age three, it just basically continued on, and it continued on until I stopped it when I was thirty. So I have a really long history of abuse and being abused.
>
> Now [sighs], sexual abuse was part of it, and that is including full-blown intercourse and every gamut in between. I can't think of—well, right now sitting here, I can't think of one kind of abuse that I didn't have. Now, of course, there are facets that I didn't experience because the kinds of abuse that happened are only determined by your imagination, and, of course, they couldn't have done everything imaginable. But two boys, or one boy and one man, imagined a lot of things.
>
> I was at the time—pretty much throughout the whole thing—what I thought at that time to be a willing participant. I was that brainwashed, I learned later, but I didn't know that at the time. So I was able to function on two levels, or on a level where I believe that I was sane and okay because it wasn't as if something was happening to me that was bad; something was happening to me that I agreed to and liked.

Lenora goes on with her life history.

> My mother [sighs] figured out that the abuse was going on when I was five. Well, I remember the confrontation that she did of me when I was five, and that was probably the most difficult part of the abuse, is—another thing is that we were Catholic, so her response was to tell me that it was adultery and that adultery meant that all adulterers go to hell; therefore I was going to go to hell. And that was probably the most difficult part. That's the part that hurt for many, many, many years, much deeper than everything else that had happened to me.

Lenora's mother's reaction to the sexual abuse was to treat her according to adult standards which implied that Lenora was able to influence the situation or exert personal power with her abusers. Yet, what is known about five year old children is contrary to her mother's notion. Young children are emotionally, cognitively, and physically dependent on adults to protect, nurture, and care for them (Summit, 1983).

Rolande

Rolande was born in 1958 in Eastern Canada and described herself as having been taken away from her home in 1960, when she would have been 2 and a half.

> Oh. I was apprehended by Children Aid, I guess they called that a '60s scoop back in, yes, in the early '60s. I come from this little reserve way up in northern Canada, and so I was apprehended. My first foster home that I went to, it was up in a little eastern town, and when I moved up there I was just a little girl; I might have been maybe two years old, maybe two and a half.

She goes on to describe her foster family and how the abuse occurred:

> I grew up in this home for—I can't remember when it actually started, the sexual abuse started, but I remember when I was small, my foster mother would either be out in the garden or doing something; my foster dad would be working. She had a fairly large family: She had two grown sons, two grown daughters, and she had a few other teenagers, and the younger one was about my age, and then she had a younger son, John. And so I grew up in that family....But my foster mom, what she would do is used to put my sister and I in the boys' room because there was too many girls in the girls' room, so my sister and I slept in the boys' room, and we slept in a separate bed. But I remember my foster brother waking me up, and I'd have to follow him to the bathroom. But the thing I could never understand, why she never heard anything, because the floor used to creak, and you'd just make all this kind of—it was a wooden floor, so there were certain spots where you walked and it creaked. And this would happen over and over and over again. I can't remember how long it went on for, how many years it went on. When I was young it just seems like [sighs] one year ran into another. There was no age; it was just one big lifespan, and that was it. I can't remember really being small, and I can't remember ever being a child, I guess.

Once again, like other women, Rolande wondered why her foster mother did not know what was going on. As well, her description of the sexual abuse refers to the repeated amount of times it occurred.

Early School Years

Sexual abuse continued to occur as an awareness of the self grew. As sexual abuse and sexuality were taboo subjects, none of the women recalled being able to label the abuse in their early school years, but many knew it was wrong. School itself was a diversion for some, while for one woman it was a place where the abuse continued. For all women, the sexual abuse continued when at home and for one woman it was a time when it began. Oral histories of their lives are continued.

Sabrina

Sabrina's school years were marred by sexual abuse. She commented:

> When I was seven my baba died. I remember my stepfather abusing me and saying, "When you are a woman, this is what I'm going to do to you." Oh, I can just—he had ejaculated all in between my legs, and as a child I did not know what that was.

She continued to explain how her stepfather began to force sexual intercourse on her.

> It wasn't until I was ten and I started having my periods; that's when my stepfather started to sexually abuse me. So it was three years after the initial when I was seven, and it went on till I was about eighteen, nineteen years old. I didn't know

> any different, and I was told it was my fault. He would say this to me. I remember being slapped around and physically abused by him over those years when I would fight him. There were times I would play like I was fast asleep and dissociate that I wasn't there and these things were happening to me.

Her stepfather's sexual abuse continued on a regular basis and it is apparent that he would not take no for an answer. Sabrina's physical resistance was futile. One way she coped with the trauma was to dissociate or feign asleep. When her stepfather blamed her or said it was her fault she was left to contend with this cognitive distortion by herself as she kept it a secret. To deal with the issue of being blamed an individual needs to disclose and discuss the abuse. Not being able to engage in disclosure impedes the process of relinquishment (Women's Research Centre, 1989).

Sabrina goes on to talk about how being sexualized affected her behavior:

> I used to think, and it was the starting of my thinking, that if you did the thing a man and a woman had to do, that was a sign of love, okay? And I guess I did this when I was a little girl, and my mom used to get very angry with me, and I didn't understand. I think about it now, and no, I didn't understand.

Sabrina acknowledged how confusing it was to be sexualized at a young age as she thought it was a sign of affection. This behavior does happen to children who have been sexually abused and doesn't reflect their immorality, but the fact that they have been sexualized (Women's Research Centre, 1989).

Sabrina disclosed how she sexually abused two of her cousins.

> Also when I was a child, because I was abused by my cousins, I abused two of my boy cousins. Happened only once, and it never happened again. Somewhere in that process I knew it was wrong, and I never abused anybody ever since then, and I couldn't do so today. I often wonder, and it's just in these last couple of years, did I mark them in any way? If I did, I am so sorry.

When Sabrina spoke of the abuse she perpetrated, she genuinely showed remorse. This behavior could be labeled as acting out her sexual abuse (Women's Research Center, 1989). Unlike habitual sexual offenders, she did not deny the abuse and rationalize it by using myths such as "they asked for it", but accepted responsibility for what she had done (Marshall, 1997; Ward, Hudson, Johnston, Marshall, 1997). Some juvenile sex offenders have been noted to come from backgrounds of neglect, physical or sexual abuse, family instability, little emotional warmth, or disturbed family relationships (Marshall, 1997).

She goes on to talk about how she found out that she was illegitimate.

> I found out from a lady who was a very close friend of the family—and we always were told to respect our elders, so she was called an aunt. And it wasn't until I was ten or eleven, I think, that I was told that my stepfather, who I didn't know was my stepfather at that time, wasn't my father. I knew that I was different; I didn't look like anybody in the family. I remember questioning my mother, and she laughed. I look back and I think, Yes, she laughed because she was embarrassed…..and then those years ensuing after that is one of identity as to who I am, where did I come from? Yes, they were very mixed-up years. And yes, there was some anger in there towards my mother, because I asked her many times as to who my father was, and each time I asked her, she lied to me; it was never the truth. I have to say, yes, it affected me.

Her mother's insensitivity or embarrassment with her status as a child born out of wedlock certainly affected her identity.

Angela

Angela, who started to be sexually abused by both her grandfather and father as a preschooler, described how the abuse with her father amplified from fondling to sexual intercourse. She stated:

> I remember when I was eight, I think that was the first time that my father fully penetrated, and there was blood on the sheets. And I remember I knew I had to somehow hide them from my mother. And so I remember bringing them into the bathroom upstairs, and there was a little sink, and I remember with the sheets trying to clean the blood out of them, and I couldn't, and I just stuffed them in my closet. Of course my mother found them, and she gave me the talk on menstruation and everything at eight....: If that isn't—in denial.
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> Ann: Yes, no kidding, huh? What child starts at eight? And back then too I don't think children were—it was really unusual.
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> Angela: So it was my mother's way of reacting to that...I remember times not even being able to get out of bed or walk and not going to school.

Angela also remembered being taken to a cult at the age of 7 to 12 years of age whereby she was sexually abused and tortured. She described:

> ...My father took me to a cult. I was ritually abused for five years, if not longer. And as a result, I have multiple personality disorder. I have thirty-two alters, and I am seeing a psychiatrist right now two days a week. I just got those memories back a couple years ago. Two important dates with the cult is birthdays and Christmases, so I don't remember one birthday or Christmas until I was twenty-one; I have no knowledge whatsoever.
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> Ann: You mean something would happen with the cult on those dates?
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> Angela: Yes. Yes. The cult you can call it celebrates all religious holidays and more or less makes a mockery out of it, or a sacrifice. I've seen animals being sacrificed, letting the blood out of animals. So that was about four or five years, so as a result I created alters. I don't know at what point in my life I did create them, but—and I'm still meeting new ones. I'm up to about thirty-two right now, so it's a matter of integrating those as well.

Angela described some of the sadistic acts that happened to her. My reaction was one of horror thus the conversation became quite choppy. She stated:

> And then I just got my memories back of the ritual abuse a couple years ago. I thought I was just going crazy or just—started getting these nightmares and these flashbacks of men in robes, in black robes. Some of them had masks; some of them, their faces were painted white. As I mentioned, there was a lot of torture, a lot of sick sexual games. There was pornography. That's the—
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> Ann: Do you remember who were in the black robes? Was it mostly men or—?
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> Angela: I just remember all men. Their faces are not clear to me because I would either see a mask or a painted face.
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> Ann: And so would there be a lot of younger children then that they'd bring to these?
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> Angela: I believe I was the oldest, and I see myself as the oldest with a group of young children as well.
>
> I was also impregnated by somebody in the cult...And they did an abortion and took the fetus and sacrificed the fetus. That's quite common in a cult...Yes. And I was hung upside down on a cross....There was quite a bit of torture...Men would deliberately try and get my body to react to their touch, to sexual touching, and as

> soon as it did, I would be given a shock…And then the pornography too with little children or myself. It was very, very sick. I can talk like this like I'm talking about the weather because I know how to numb myself or remove myself…. I have a very vivid, vivid memory of, I was on this altar, and my ankles were tied up and my legs were spread apart and my wrists were bound, and I was being repeatedly raped by these men in this cult, and I just had the feeling I was going to die….We used to have to play kids' games [sighs] like Ring Around a Rosy. All the kids were in an inner circle and the men from the cult were in an outer circle, and we all had to hold hands. We'd go around in the circle and say, "Ring around a rosy, / Pocket full of posies. / Hush-a, hush-a, / We all fall down." And whatever man we ended up in front of, he would lift up his robe and we would have to put his penis in our mouth basically. So they made us play—there's that game and there's another one, Pop Goes the Weasel. Those are the two games that really came back to me….I can almost picture it. It was like a temple to me, almost like a castle, and I remember walking up these stairs into this temple, and from what I have described, it's like the Masonic Temple. And going downstairs, and I used to liken it to a dungeon because it was dark, it was down the basement. They had a concrete altar type of thing. And they had a hallway, and there were doors on either side. It was just thought of to be like a dungeon or a torture chamber. I can almost picture it on the street. If I ever went back to this town—and it's way east, one of the Maritime provinces—I bet you if it's still standing I could find it….They used to give us drugs so we would hallucinate, and they would tell us that we had killed someone. Yes, they used drugs to make us hallucinate. And then they cut the throats of these animals. They had chickens and roosters and sheep, and they would cut their throats, and then this blood would be in this bucket. I remember I'd be laid out on their altar, and they would do these diagrams, which are just kind of vague for me, somewhat like a pentagram or something, but it wasn't devil worship or—it was some sort of symbolic picture on me. And they would force us to drink the blood and tell us that this blood was from a baby that was killed or that we had murdered…. And they also had a thing with snakes, and they would make the snake go inside me.

While it may seem very difficult to believe her account, investigatiors indicate that a minority of sexually abused children have been ritually abused (Weir & Wheatcroft, 1995). In fact, among those who experience ritual abuse, the effects are long lasting and severe, so much that the person may have dissociative identity disorder or multiple personality. This was certainly the case with Angela.

> I've also been diagnosed with posttraumatic stress disorder, borderline personality disorder, as well as MPD, and the list just goes on. Who cares any more?

Dissociation is a phenomenon that is used to split feelings, thoughts, and memories that are painful, horrifying, or traumatic from consciousness in varying degrees. In this way the feelings (i.e. guilt, shame, confusion, fear, worthlessness, inadequacy etc.) and/or experiences remain separate and enable one to continue functioning (Humphreys, Rubin, Knudson, Stiles, 2005; Malmo, 1990). It is like the experience of daydreaming where one looses track of time. This phenomenon also encompasses the creation of alters or self-states that have their own memories, emotions, and consciousness that are kept separate from host personalities and other alters. So each alter may hold its own painful experiences. In the case of Angela, her abuse was extreme, torturous in fact, and the resultant dissociation was very severe. She had 32 alters, each being created when a trauma occurred with its own identity, existing unknown and separate from the others. Angela commented on how difficult it was to accept that she had these alters.

> And with the help of psychiatrists, I'm learning to accept that this happened to me and didn't happen to all these different alters through integration process, which will take a while....Once I take on the emotions, and I'm learning that right now. I'm also learning to try not dissociate as well.... I still, I'm in denial. I like to say, "This happened to Lynn or Jackie or—" I've got all these different people. I've got close to ten alters with just the ritual abuse:... So I've definitely had some problems with some of the alters. And I have blacked out for hours and not known what happened.... I thought I was going crazy. When they first started [laughs] coming out, I thought, This is it! They're going to lock me away and throw away the key. That's finally happened. Yes. Oh, I didn't know anything about multiple personalities. The only thing I knew was from maybe watching the movie *Sybil* or something, and even then you don't really understand them until you either know somebody or you've gone through it yourself.
>
> Ann: So when did you find out that you had the multiple personalities?
>
> Angela: It was about three years ago almost, and throughout three years I've—I started with about five, and then through the course of the last three years I've met a lot more. Especially as the ritual abuse came out, I kept meeting more and more and more.

The integration process that Angela was referring to is a therapeutic process whereby each of her alters' experiences, perceptions and accompanying emotions become known to her (Humphreys, Rubin, Knudson, Stiles, 2005). This process is very involved in that it takes time for the therapist to meet the host's alters, have the host personality (i.e. Angela) become aware of her alters' memories and functions, and finally have Angela hear her alters' voices and use them in confronting the experiences or emotions that they represented.

Angela also talked about how the returning memories presented themselves in various ways. One of the memories was described as a body memory:

> Angela: The body memories too. I could smell liquor and a cigar, and my father would—the smell of his breath and liquor and the smell of a cigar, and even almost physical touching sometimes, that I was being physically touched or—
>
> Ann: That could be overwhelming, for sure.
>
> Angela: Yes, or the sense of, I could never get clean there for a while. I must have taken about two or three showers a day, just that body memory of feeling so dirty.

Another memory was presented like a movie.

> ...I remember I was standing in the kitchen, and I had a glass of water, and I remember this movie being played out to me that my father walked in my bedroom, he undid his zipper, and he undressed me, and he raped me. It just played out in my mind. My legs gave out from under me, and the glass smashed on the floor. I just folded. I thought I was going to die, and it was very hard for me to call that real.

After five years of having recalled traumatic experiences through visual and other sensory modes, the memories of abuse are all that Angela recalls from her childhood. She stated:

> ...I have no recollection of any part of my childhood from age twelve back, except for the abuse. I always used to think I had a very poor memory. People would talk about their teachers or their friends when they were in Grade 6 or 7 or even 4 or 5, and I used to think it was really weird that I couldn't remember. I figured, Oh, I just must have a poor memory. I can't remember schools that I went to or teachers

> or friends that I had or—see, that's not another that was taken away from me too. That's not something you can retrieve.

Angela's amnesia of her childhood is understandable given what she experienced. Traumatic events do impact memory and this is evident in Angela's life.

Caroline

The next incidence of sexual abuse occurred at the age of nine with an older teenage girl, who had sexual relations with her. When it happened Caroline stated she felt no remorse and did not elaborate on the incident. Then at eleven years of age she moved to live with her sister:

> I remember *just* before I moved—I had said my dad was an alcoholic, and him and my mom used to have fights, but she moved us into town to my one sister, and just before she did that, my—I'm not even sure who was there. I know I was at the bus depot; you had to take a bus depot to get home. So we had been visiting her in the city, and we were in the bus depot waiting to go home, and there's my dad, drunk as a skunk and making a total idiot of himself. I pretended I didn't know him. [laughs] And then I remember somebody must have caught wind of him being at the bus depot, because there they were, picked us up and took us back.
>
> So my mom left my dad; we moved into this one sister's place, where we lived for probably a year, yes, a school year, and *that* was horrible. [laughs]

Following this Caroline's mother and sisters moved to Alberta to seek out employment opportunities. Caroline was twelve years of age.

> And then it was when we moved to Alberta. My sister and her husband said, "Sure! Come to Alberta." We couldn't get any kind of help in Ontario; I don't know. The welfare system, forget it; too bad for you. And there was no money; there was *no* money. My mom wasn't working; my dad wasn't working; there was no welfare. So she thought Alberta might be a better place.

So Caroline's mother worked as a housekeeper Monday to Friday leaving her at her sister's house. During her mother's absence, Caroline's brother-in-law would come into the bedroom and molest her and her younger sister.

> When we moved here, my mom had no skills whatsoever, so she was a housekeeper. She would go and keep house from Monday to Friday, and she'd come home on the weekend. So I guess there was another reason why he had the opportunity.

She described how he abused her:

> …We moved in with my brother-in-law, who would do it on a regular basis. But he would come into the room—they had four kids, and my mom and us three moved in till we could find a place, so there were, it must have been five of us sleeping in one room. But he would come in every night and just reach into your bed and fondle you and what have you, and that went on—you knew, Oh, jeez, do I have to sleep in that room tonight? because we took turns sleeping in the room with my mom. And my sister worked nightshift, so she would come home, and it's all done.

Caroline and her sisters did not talk to each other about the abuse.

> Oh, yes, we were all silent, yes. Nobody said a word. We didn't say anything to each other; we didn't say anything to their four children, didn't say anything to my mom. Nobody said a word.

Unlike Sabrina and Angela, Caroline's memories remained intact throughout the whole period of her abuse. Caroline mentioned the difficulty she had in pretending that nothing had happened the morning after.

> …I know with my brother-in-law, when he would sexually abuse us *continually*, you'd just have to look at him in the morning like nothing happened, and that was so hard.

After living with her sister for a year, Caroline's mother and sisters moved to their own home. At this time her father died. Many years later as an adult, her brother-in-law died. Following his death Caroline and her sisters disclosed the abuse to one another.

> It wasn't till years later that my sisters and I compared notes, and it was happening to all of us. Yes, yes….He was dead before we even found out that he had done it to all of us. Yes, he died of a heart attack, which kind of ticked me off because I wasn't old enough at the time to go up and punch him in the mouth and say, "You bugger!" [laughs] And I felt like he should have said "Sorry" to me—or to all of us….But I guess he paid the ultimate price anyway, so he can't say "Sorry," so [laughs] I guess I'm better off.
>
> Ann: When did he die then?
>
> Caroline: He must have died about, it must be twenty years ago.
>
> Ann: And your sisters, they remembered it all along too, and they were silent about it?
>
> Caroline: Oh, yes, we were all silent, yes….

It is not surprising that Caroline and her sisters were silent as sexual abuse was a taboo subject (Caroline would have been 12 at the time of the abuse and the year was 1962). Researchers have noted that one half of all children wait for five or more years before they disclose sexual abuse (Smith et al., 2000). There is no information that would tell us what disclosure rates were in the decade of the 50s and 60s in the twentieth century.

Erin

Erin was born in 1950 in rural Eastern Canada into a large family; she was the sixth child among nine children. Erin's first experiences of sexual abuse occurred at the age of six and seven. She described the first incident as:

> …I'm not exactly sure how old I was when the first incident happened. But it was a friend's brother, and we were out in their barn, and my friend said to me, "My brother has something to show you" or "He wants to give you a whisker rub" or something like this. And so I went over, and she was kind of giggling. We were probably about maybe six or seven, and her brother was probably a teenager; he was probably maybe sixteen, maybe even older; I'm not exactly sure. And so I walk over toward him, and he bent down, and not only was he bending down, but he had his zipper open, and he had his penis out. To this very day, I cannot actually tell you that I remember seeing it; I just knew that there was something there. It was really interesting, because either I didn't really see, but I understood what he had there, or I'm blocking it; I'm not sure which. But I remember that incident.

The next incident involved her cousin.

> The next incident was my cousin. …We had this little plot of land that out here you call acreages. We thought it was a farm; it was three-and-a-half acres; we thought it was a farm, and my father worked in a factory. My cousin was over with his parents, and my two older sisters came down from the hay mow and they said, "Cousin Joe wants to see you up in the mow," and I said, "What for?" "He has

> something to show you." So I go up in the mow, and they were kind of giggling and whatever, and I'm not sure if it was funny giggling or nervous giggling because it had happened to them and this kind of thing. So I go up there, and I'm not sure who did what as in I'm pulling down my underwear; I'm not sure if he did or I did. And I never saw his penis or anything like that, but he put it toward my vagina and asked me if I could feel it. I didn't know what I was supposed to feel, so I said, "No, no, I don't feel anything" or whatever. So I think he was thinking there trying to penetrate, and he would probably have been—this is still at the same place, so it was before 1958, so I was about six or seven. I was born in 1950, so that means that in September '58 I would have turned eight, so these were both when I was six or seven years old.

Erin did not describe any further incidents of sexual abuse during her early school years.

Helen

Helen's list of sexual abuses continued to grow through her childhood years. Among the many assaults she endured, one was from two men working in a paving crew near her house. She stated:

> It was the summer, and they were paving the back alley, and we used to watch. It was so exciting because it was loud and noisy, and it was exciting, and we would sit there and watch. One day I was sitting there and watching, and one of the men came over and asked me if I wanted a pop or something; he asked me if I wanted something, and I went with him, and him and one of his co-workers raped me. But you see, I couldn't tell my mom, because I was bad and dirty, so I didn't tell her. I just kept that inside and started gaining weight….I remembered distinctly when I was a kid about that age, actually, having bad dreams about these big graders and big trucks, and I would wake up screaming. Now, my parents slept downstairs, but my older brother would hear me, and he would come in and he would wake me up and talk to me. And then he had—this is his special treatment for changing channels on dreams. It'll be poking the nose and tweaking the ears and a pat on the head, and then I'd go back to sleep and I'd be okay, for that night. But I could never understand why I dreamt about that, why graders and dump trucks and so on were something that I would ever, ever dream about. I would have been about seven.

Helen's memory of this abuse was not remembered for a long period of time, not even during the later part of the 80s. She stated "I hadn't remembered *any* abuse then in '89." Despite the fact that she was not able to remember the multiple incidents of sexual abuse until she was an adult, she had nightmares about the road machinery. Looking back now, Helen understood why the nightmares occurred and why she would wake up screaming. The phenomenon of remembering and then connecting strange dreams, fears of certain situations or people, to identifiable events has been well described by Lebowitz, Harvey and Herman (1993). In their model of recovery from sexual assault, three stages were outlined. The first stage is one of establishing safety, the second involves remembering the abuse and connecting feelings to events, and finally the last stage seeks to reconnect with people. It appears that Helen had gone through this process.

Among the incidents of sexual abuse, Helen always had conscious recall of the next one, where she was raped by men in a cave. However, she never labeled it as sexual abuse until she reached middle age. She explained:

> ...And, actually, I had a dream that—well, no, actually, it wasn't a dream; I told my cousin this. We were at the park, and we were swinging on the swings, and I told him, but I called it a dream. What I told him was that I was in the ravine in a cave, and there was men in there, and it was *very* dark, but they had a fire going in there, which wasn't allowed. These men—there were two or three of them—they had sabers attached to their belts, and they put those sabers inside me and it really hurt. And so I'm telling this story to my cousin, and he just looked at me...And he looked at me, and then all of a sudden I said, "Oh, no, it's not a dream; I'm just telling you a story," and that was the end of that. That was there, and I knew the story, and every so often I would tell people that story, people that I—as I got to know and trust people. But I never put two and two together and realized that that meant that I'd been sexually abused and that the sabers were probably an erect penis, which I had never seen. So when I told my psychologist, she looks at me and she says, "Can't you see?" And I could then, but I certainly couldn't for the twenty or thirty-odd years before. It just didn't make sense; that was the dream I had. And I always felt like I was bad and dirty, and that was a dirty dream, right? So that just fit in with my whole concept.

Later Helen clarified that the incident occurred either under a bridge or in a ravine. She explained:

> That happened in the ravine, in a cave in the ravine. It was either in a cave or it was under the bridge, and I can't quite remember. But it seems to me like it was a cave, but under the bridge, when you were in the middle of under the bridge, it was like being in a cave because it was quite dark and danky and icky. So I'm still not sure. But I remember a barrel that was burning, so that's what makes me think it was a cave, because there wouldn't have been the height clearance. See, you get the memory back, and then you look at it as an adult and try to bring some logic into it....I don't even put that down on any of my—because it was there for so long, that memory was there for so long, and yet it wasn't a memory; it was a story that this bad person made up—me. But when I look at it now I know I was raped. But still, I was older—not old, but older—ten, eleven, because I was alone, you see, and so I couldn't go down to the pool by myself until I was—I can't remember how old I had to be.

Even though Helen had conscious recall of this incident of sexual abuse during her childhood and adult years, she was not able to put it into the context of sexual abuse until she saw a psychologist. Likely this form of dissociation helped protect Helen from fear, pain, and horror of the sexual abuse and ensured her psychic survival. The emotional response to the abuse had been split off. Cognitively she was unable to label this as sexual abuse. So in a sense her dissociation was less extreme than Angela's who developed dissociative identity disorder (where separate identities occur). Interestingly, Helen did repeat this story to many people who were not able to decipher it as abuse.

Helen went on to describe how she recovered memories of her father sexually abusing her. The abuse occurred during her Mother's periodic absences.

> One of my most recent memories is of my dad's abuse. I had been asked a lot of times, "Did your dad abuse you?" The answer was always no, and yet they always knew that he had. It's really something.
>
> My mom was sick a lot. She had MS, and she had her gallbladder operated on—they used to take gallstones out rather than taking out the gallbladder—so she

> was in the hospital a lot when I was growing up, and I was the oldest girl in a Ukrainian family, which means that I took over all the female duties. Now, I used to just say I took over all the *motherly* duties, so I did the cooking and the cleaning, bought the groceries, did the laundry, kept my marks up. And then one day all of a sudden I was talking and I said that I did all the **wifely** duties, and I stopped and I thought, "Why did I say that different?" And then all of a sudden I realized that my dad had been sleeping with me when my mom wasn't home. Dad would come upstairs to our room and get me and take me downstairs, and he would have sex with me. I couldn't tell anybody, because I was bad and dirty, remember?...
>
> I know that my brothers and sister—maybe not my sister, but my brothers for sure knew I was being abused by my dad. If they didn't know about the abuse, they knew something was up between dad and me. I always wondered why no one protected me and I found out in this dream. Sam and I were staying at Jasper Park Lodge at a training seminar at a week's course, and one night I was having a dream, and the dream was, I was kicking at my dad, yelling and screaming, and I was yelling and screaming and hitting and kicking Sam in bed. I remember that so well. I was at the bottom of the stairs, and I didn't want to go any further, and I started yelling and screaming at him: "No, I'm not going. You hurt me. I'm not going to do this any more. I'm going to tell Mom." There were only thirteen steps separating me from the boys! They were home. It was the middle of the night, they were home, they heard it, and none of them came to my rescue. But what could—? I mean maybe they had been abused too; I don't know. I don't know. But I know that—so I know they knew even though my family doesn't know. I have not talked to them about the abuse because they hold my dad in very high esteem, and it's the most confusing thing for me because I don't hate him, but I do hate him. I don't know how I feel.

Helen's emotional ambivalence of her father is understandable given what happened to her. Likely her father did not just sexually abuse her, but was multifaceted. It is known that perpetrators of incest do not necessarily have significant psychopathology nor are they necessarily deviant in the sense of being sexually attracted to children. For example, approximately three quarters of incest perpetrators do not display deviant sexual attraction to children (Marshall, 1997). More often they have been described as having cognitive distortions about children and their sexuality. Therefore it is understandable why Helen experienced many favorable qualities or aspects of her father. For example, she described an incident where she and her sister stayed with their uncle and aunt during one of her mother's hospitalizations. She goes on to say:

> My Auntie Barbara was mean. Uncle Stan was out of town, he was working out of town, but she was mean. Louise didn't eat peas. Louise didn't eat peas when she was a kid; she spit green peas out, mashed green peas. She did not eat peas, and we had peas for supper, and Louise ate everything except her peas. Auntie Barbara says, "You can't leave the table until you eat your peas," and I said, "Auntie Barbara, she doesn't eat peas." So she smacked me and told me to shut up and get out of the room, and Louise sat there until bedtime. And then in the morning Auntie Barbara got the peas out of the fridge, put them down there, and Louise sat there all day in front of these peas. I was almost hysterical because that's my little sister and she's crying, and she's finally got to the point where it's just tears running down her face; she's not making any noise, because she's been smacked

> for making noise. And it was a Friday, and my dad came home—my dad came home; my dad came to get us for the weekend. He walks in, and they lived downstairs; he started walking down the stairs, and I went running up to him and told him that Auntie Barbara made Louise sit at the table for two days because she won't eat her peas, and she doesn't eat peas, and no one makes her eat peas. My dad walked into the kitchen, picked up the peas, and threw them in the garbage, bowl and all, and said to Louise, "You're finished your peas. Go." So there's that rescuing part of Dad, right? He was a *father*; he wasn't always bad to us, and that's why I'm so confused.

Helen goes on to describe how Uncle Stan also sexually abused her. She stated:

> …Uncle Stan came home. He was, I think, six weeks out, two weeks in; he was working way out of town somewhere. He came home, and under the stairs was the storage room, the pantry, where the cans and everything were, and there was a single light—a pull-string light—in the middle of the ceiling there. He cornered me in there, and he had sex with me, and he did that a lot. I remember it a *lot*; it wasn't just one time. This light is almost a little bit too dark for me. When I have lights on, I want bright lights. I don't like shadows, and I don't like uncovered light bulbs. Those ones (pointing to the bare chandelier bulbs in the ceiling fan) are pretty iffy, let me tell you. I prefer them covered, but at least they're not the clear ones that—people sometimes will leave their range hood on in the kitchen; can't do that, because that light, what it does is, it casts shadows and everything. I can't handle it. It's just not right. Or gooseneck lamps or whatever, they're just—and now I know why, but I used to not know why. I used to just be crazy, and now I know why I'm crazy.

Once Helen recovered this memory she gained insight into her reaction towards dim and bare light bulbs (i.e. associated with an uneasy feeling).

Cynthia

Cynthia's oral history of sexual abuse, like that of Helen's and Angela's, continued during her early school years. Her abusers now included her mother, janitor, brother, and father. With respect to her mother, she described her mother sexually assaulting her with a wooden spoon:

> My mother was also involved in them. I don't really have clear stuff, because when I was around eight, I think, or six—maybe it was six—one of my alters said that my mother came in a very angry mood into my bedroom, and she took a wooden spoon and very angrily pushed it into my vagina and told me that I should never let boys touch me there and that it hurts, and I should never touch myself there or—it's all mixed up. I got the feeling that maybe she had caught me masturbating or something; that's pretty common in children who've been sexually abused. All I know was that I never had any kind of relationship with that part of my body until I was an adult.

She then talked about the janitor at her school.

> When I was in Grade 2 the custodian at my school—we were going out for recess, and it was winter. I went out with the other kids and couldn't find my boots. I was looking all over the boot room, and before long everyone was gone but me. The custodian came in the boot room and said, "Your boots were wet inside. I put them someplace warm." He said, "Come on, I'll show you where they are." Now, I was

> raised in a Catholic school. I think I knew I didn't want to go with him; I never liked this man. What can I do? In those days you didn't go running back to your teacher. The principal was a nun; I was scared to death of her, with good reason. I went with him. And again, I was made to perform fellatio on him, and I don't know how often that happened, but it definitely was more than once. He was in the school until I was, Grade 9.

Cynthia went on to describe how her father physically and emotionally abused her when she told him about the janitor.

> I can remember my father—oh, the first time he abused me, I remember going home and telling my father, and my father took me downstairs and strapped me with his belt, not because he didn't believe me; he believed me, but he blamed me and called me a slut.

When Cynthia was blamed and called a slut, this would have deepened her sense of self-blame. What child at the age of seven could have withstood this type of punishment or could have analyzed this situation as to deflect this incorrect attribution of blame? Cynthia goes on to talk about the janitor.

> I remember there was an incident in Grade 6 where it was recess, and just by coincidence my Grade 3 teacher, my former Grade 3 teacher, had her granddaughter visiting the school. She was there for the day, and she asked me to watch her. I can remember this man coming up to me and trying to convince me to go to the boiler room with him, and I kept saying, "No, I can't." And I can remember so distinctly how hard it was to say no, how compelling it was to want so badly to say no, but having such a hard time saying no to an adult, and just being so glad that I had a reason—

Cynthia had been taught to be compliant and obedient to adults. In the 60s, (the date of when this happened to Cynthia was 1967), children were generally taught obedience to authority. Being Catholic could have deepened this sense of needing to respect authority even when one was being hurt. As well, Cynthia had previously disclosed to her father and as a consequence was physically and psychologically hurt.

Cynthia described another assault, but this time it was her brother. This happened when she was in grade two, but unlike her other memories; this one has remained vague. However, she did clearly remember what happened when she disclosed to her father.

> It wasn't so long later that another incident with an older brother who was making me—I can't remember exactly what he was making me do, and I tried to tell my father, and my father raped me at knifepoint. (voice weakens) And there were other rapes by my father.

Notice how Cynthia referred to this as a rape. Rape implies the use of force and of violence (Encarta Dictionary, 2005). Beyond this there is also the loss of power, an objectification, disregard for one's will or wishes, the threat of death, and the sense of being used (Kinnon, 1981). Cynthia's voice weakened as she spoke of being raped. It is as if her voice conveyed this unthinkable act that splintered and fragmented her being. To be raped by one's father is to feel betrayal.

She also spoke about her cousin sexually assaulting her.

> When I was eleven, my cousin….is probably also about eight years older than I am, and he lived on a farm very close to the farm that I talked about during the last interview, by the lake, where we would spend all of our holidays and weekends.

> This is kind of a bit of an unusual story, I guess. I guess in light of everything, maybe it isn't, but—
>
> I can remember going to his parents' farm, my aunt and uncle's, and visiting; and I remember him sitting down, and my brother and I were standing in front of him. He was showing us something; I don't remember what. But I could see the outline of his penis through his jeans, and at that time I didn't know what a penis was, or if I did, it was dissociated knowledge; I don't—and I kind of was leaning on his leg and just kind of poked it; didn't know what was what. He didn't react, and I poked it a few times, and he never said anything. He never asked me to stop, or he didn't react in any way. I don't know if it's a related incident, but all I can say is that the age of the two memories coincides.
>
> I was eleven, or at least the alter that has related this story says she is eleven years old. One night she was sleeping in the tent, and she was alone in the tent on the farm. She heard someone pull the zipper down of the tent, and she thought it was her mom coming to check on her. But it wasn't her mom; it was this cousin, and he came in the tent and raped her. And he had a knife, and he threatened her with the knife. So maybe you can see why it seems so unreal—
>
> Ann: Yes.
>
> Cynthia: —especially when you can't really remember. When an alter is telling their narrative, it feels real. There's the feelings of ownership. But when that alter slips away and someone else takes place, those feelings of ownership disappear, and it's just so hard, and you want to—[cries]—you want to say, "It's not real. It doesn't belong to me."
>
> Ann: Yes, of course.
>
> Cynthia: And I feel like such a liar. And then I think about all that I've lost, and I think, Why on earth would I allow that to happen if it wasn't true? [cries] Why would I put myself through all of this?

Once again Cynthia has referred to this incident as a rape. It is not surprising, that Cynthia created a separate identity to deal with the rape, thus keeping it from her consciousness. This was a way of surviving the terror she must have felt. As was mentioned with Angela, the process of integrating separate identities or alters involves becoming aware of their existence, acknowledging their feelings and experiences, and then integrating their emotions and memories into one's host's personality. As was conveyed in Cynthia's conversation she was trying to accept the trauma she endured as a child.

Sache

Sache mentioned no further incidents of sexual abuse in early school years; however, as was noted from her preschool years, she was not ready to look at sexual abuse she endured with her father. However, she commented that she was extremely unhappy as a child.

> ….And I was very suicidal until I was about eleven; I was very suicidal, and I always felt responsible. My parents had a very stressful marriage and, being immigrants, had very stressful lives. So whenever they were fighting, I thought that it was my fault and if I removed myself, then they wouldn't fight. But then those suicidal feelings stayed with me till well into where I'm at now. I'm going to be forty-six, so till I was forty-four.

Sache's comments seem confusing as she does not indicate exactly when she began to have suicidal thoughts and if these subsided after eleven and then started again at some point or if they started at eleven. However, in other sections of her narrative Sache indicates that as an adult she attempted suicide. Irrespective of this, when Sache was eleven, the year would have been 1968 and at this time childhood depression was not fully accepted as a possibility as there was debate among psychiatrists as to whether or not children experienced depression (Mirel & Solomon, 1974).

Lenora

Lenora's continued to be sexually abused by her brother and uncle during her early school years. In addition to enduring this, she continued to get reprimanded and physically punished. Recall that at the age of five her mother found out about the abuse and told her she was going to go to hell. At the age of six when she had her first communion she recalled her feelings and thoughts in light of what her mother had told her.

> I had to go to confession. When I went to confession, the priest was talking to us six-year-old kids as if we were innocent little things and our main problem was that we hadn't said our prayers at night, right? And I had this horrific thing on my soul which I knew that I couldn't talk about, especially because the priest was really old, and I didn't want to tell him and thereby give him a heart attack. And I remember caring for *him* and knowing that although they told me it was God that I was going to be talking to, I knew damn well that behind that grate was a priest, a real man. And so I made the decision to lie [sighs] for my first confession, which is, of course, was explained to us at the time, a *venial* sin, which meant that I was going to go to somewhere or another, and it wasn't very nice. And so I was damned in that aspect throughout. And, of course, I never did nor could tell anyone.
>
> I didn't talk about my abuse because nobody talked about it, and like I said, the priest, I couldn't tell the priest because I was hypersensitive to the fact that he was, it seemed to me, ancient, so I think he was probably about sixty or so. But he was somewhat overweight and somewhat florid, and I thought he was going to have a heart attack!—or some childish rendition of that. So [sighs] I didn't tell him, and, of course, when my mother found out, I was damned, right?...

Catholicism at this time was not as liberal as it is today. There were definite rules as to how laity was to behave. The Catholic Church was seen as the only way to salvation and in order to achieve salvation laity were told to be obedient and pray to God (Koszarycz, n. d.).

Lenora goes on to talk about her father's response to finding out about the sexual abuse.

> So [sighs] my father was very violent towards us at the time, and so when my dad found out—and I don't know when he found out—his response was to beat us. He beat me, he beat my brother, and he beat my uncle, I think—I'm sure he did. There was just a hell of a lot of beating going on, and the beatings were really bad. He beat us with a belt. It was not sexual in any way, but our pants would be down, and so it would be against the bare rear end, and the buckle would often hit us. And so I spent an awful lot of my childhood with welts up and down my backside. And I remember the beatings going on about once a week....While he was beating me, however, I remember trying to figure out when I should start crying, because I knew that he wouldn't stop until I started crying, and I just wanted him to get his fury out, because he obviously had to do that, but I didn't want him to have a heart attack. See, by that time—and I don't remember when this started—I was disassociating, so my body was a piece of flesh just laying there on the chair while

> he was beating, and the real me was way up against the wall, so I was just disassociated. So I had started during the abuse disassociating.
>
> Now, did I disassociate during the *sexual* abuse? I don't remember. Probably I did, but only once or twice, because at the time it didn't feel traumatic, at the time. Only in retrospect did I realize what it had done to me. But at the time it wasn't traumatic; it was a way of life. [sighs]

The type of dissociation that Lenora was referring to, where her conscious self left her body is called depersonalization (Everett & Gallop, 2001). As Lenora described, this type of dissociation provided distance so she could view it as another person would.

In addition to the beatings she endured from her father, her mother also threatened to have her placed into a reform school. She stated:

> The worst thing though is that at one point—and we were still living in the log house at this time, so that was before I was ten; probably I was about eight, about eight. I don't know. Anyway, back there somewhere. No, six, or maybe even younger. I don't know. I was still pretty little [laughs] in comparison to the doorknobs. Mom told me that she was going to put me in a reform school, and *that* scared the heck out of me because no kid wants to leave home, no matter what it is, no matter what home is. I identified, you identified with those people; they're the only ones who love you, right? So that was life. And so that was very traumatic that I had to behave, or I had to *something*, or else I was going to be sent to this reform school, which, of course, ended up meaning that it had to be more well hidden, in fact. That's the only thing that it meant in the whole story.

While this threat does seem very punitive, it is not out of the realm of possibilities at this time. In 1960, under the Juvenile Delinquent's Act, a child could be charged with immorality and as a consequence end up in a reform school. According to Canadian Statistics for 1960, 180 girls were likewise charged. Of these 158 were found guilty; 33 of these 158 girls were sent to training schools (Statistics Canada, 1962a). Since, Lenora's mother and father had reprimanded her in various ways; it is conceivable that they may have interpreted her behavior as promiscuous. This was certainly the way that psychiatric doctrine viewed it at this time.

Lenora started to talk about how her mother was hospitalized in a psychiatric hospital. She stated:

> And so, in effect, I was a wife and mother from the time that I was three —a mother in that, not that I ever had children until much later, but in that I had three kid sisters who I mothered, because my mom's response to the whole thing was to become mentally deficient and mentally sort of right out to lunch, and this was the years of valium. So when she went to the psychiatric hospital in a nearby town, they gave her valium. And they came to our home and tried to talk to her, and she still loves them dearly, but I'm really angry with them because surely to God they could have seen—they *knew* that there was a lot of violence; they *knew* that there was a lot of—she might have disclosed the sexual abuse; I don't know. I'm assuming she did, because that's what *she* says put her over the edge. So she probably disclosed that. But, of course, they explained it according to Freud, right? And so all her dreams were all phallic symbols, and it was just—and, of course, she would talk to me about this and drink tea, and I'd have to drink tea (emphasizes the word tea) with her as she was telling me all her problems, and so I became her counselor and *her* mother as well. And I still can't till today, I cannot stomach tea.

Anyway, Mom went nuts or was diagnosed as *somewhat* nuts or anyway given valium, because that was the be-all and the end-all in terms of keeping the family intact, because, I guess, we were supposed to be kept intact, or maybe we were functioning to some degree. And we were, to some degree. The therapist that I worked with, my main therapist that I worked with for many years after that, said that I should have been taken from that home. [laughs]

Ann: Who were they?

Lenora: There was at least one psychiatric nurse, because somebody had to provide the pills, okay? Right?

Ann: Yes.

Lenora: Now, I'm not sure if that was the psychiatric nurse or the psychiatric nurse recommending to the doctor who—

Ann: Right, yes.

Lenora: —whatever—the psychiatrist, right? But anyway, there was at least one psychiatric nurse for a while, but then there was at least two social workers. See, there was always at least two of them, because they'd be terrified [laughs] to come into that house alone. Yet they were always there for Mom....And I hate Freud today! I mean not Freud himself, but all the fucking theory that came out of that is just like [puffs]. Anyway—

Ann: No, I understand.

Lenora: The only way that somebody could have told [cries] was, my mom told, right? because by that time I had been systematically shut up. So I was taught that I couldn't talk, so Mom did, where she could, and the only people that were half-assed sane in that whole mess didn't do sweet diddly shit! They just—maybe it's written in a file somewhere; I'd love to see the bloody files! Probably not! They were there to make sure—I don't know what the hell they were there for, really, because that's not really—at least in my mind—it's not that long ago.

Ann: No, no.

Lenora: I'm not that old! And the institution where they came from is still very much alive, and they got their pay cheques. And they didn't protect the kids....Sometimes I was there when the social workers came; sometimes I was in school, and they were just leaving when I got home from school; sometimes I would hear the aftermath from Dad beating Mom after the social workers would leave. Sometimes I would—I shouldn't say sometimes—*always* I would hear about it in the long discussions with my mother when I tried desperately to [sighs] make her well enough to be my mother. [cries]...

Researchers have recently investigated the impact child sexual abuse has on mothers and have demonstrated that it can be stressful to the parents (Manion et al., 1996). It is obvious from Lenora's account, that her mother was deeply affected. Furthermore, there was no public information about sexual abuse. Her mother interpreted the sexual abuse as illicit sexual activity much like adultery. Even when Lenora's mother was institutionalized, the psychiatrist, nurses, and social workers did not take Lenora's mother's claims about the sexual abuse seriously. Instead there was reference to Freud's theory of psychosexual development.

Lenora goes on to talk about how much responsibility she assumed for the sexual abuse.

> But I wasn't, and so all my life I am and was super responsible, and continue to be super responsible, because I took responsibility, and I think it was placed upon me right away for the fact that I was the adulterer; the abuse was—I wanted it. Therefore I got what I wanted. Therefore I was responsible for *me*, and I was probably responsible for the fact that they abused me, although I'm not sure on that one for sure. I was definitely bad; there was no doubt about it. I was evil; I was na-na-na-na-na, going to go to hell and the whole nine yards....

In addition to assuming responsibility for the sexual abuse, she talked about how hard she worked taking care of her siblings and doing farm chores. She stated:

> ...And that's also a big part of my story, and it all [sighs] links up with the abuse, because it was all part of the brainwashing, the kind of life that I lived whereby my body was a chattel for the use of males for sexual purposes, as well as chattel for the use of my father to get his rage out on, right? as well as chattel for use on the farm as a workhorse, right? because I had to work really hard, and I don't mind that part, but—so I was there as a function rather than as what I'm—I see some people, I understand some people treat their children as miracles or something, wow! God-given or something. [laughs] It's like, naw [laughs], not me. [laughs] I was there for a purpose....
>
> .....I didn't think of it in terms of survival; I didn't think of it as—it was just life. So there's babies to bath and to bottle and to diaper and put to bed and spank and do whatever, and there's floors to wash, and there's cows to milk, and there's pigs to feed, and it was just do, do, do, do, do, do, do.

Lenora's reference to assuming responsibilities around the house and farm were similar to other women who experienced incest. For example, in Judith Herman's study of father-daughter incest, 55% of the women she studied had mothers who became ill and 45% of the daughters took over maternal roles (1981). Other investigators have noted parenting difficulties among women who experienced childhood sexual abuse. They seem to repeat the role reversals and blurred boundaries that they experienced (Alexander, Teti & Anderson, 2000).

Lenora goes on to describe how the abuse continued and how she survived the physical beatings. She stated:

> The abuse continued in that manner, my brother and my uncle and myself, until—okay, now, let me see here, and I have to think how old I was—until I was ten; no, nine, nine, in that manner....Then [sighs] my grandma and grandpa, who lived across the road, and that was the reason my uncle was around, my grandma and grandpa lived across the road, sold—no, didn't sell it. They retired into town, and they took my uncle with them, and he started attending school in this town where they went to live in. And then I don't have any strong memories of anything *stopping*, so it must have continued, because I do have memories of then just my brother and I after that.
>
> But before they moved Erik—that'd be my uncle—into town, there was a *huge* confrontation with Grandma and Grandpa being there and Dad and Mom and me and Dan and Erik, and it's just all hell breaking loose all over the place, and it was all about the abuse, and we all got it, and maybe Mom did too; I don't know. And it was awful. There was a lot of physical violence that time, a lot of it.
>
> Ann: What was going on?

> Lenora: Because we had been caught doing this, and it was so awful, and so the only way to stop this, in their minds…was to beat.
> Ann: And *they* meaning your dad?
> Lenora: Meaning my dad, my grandpa, probably my grandma; my mom was in there. It was like all of the adults were totally out of control….So anyway, there was a whole lot of beating going on, and I was the youngest one of the crew, so I probably got the least of it. But I also don't remember that really clearly other than it was like panic and really bad, and probably the worst because it was *not* directed at me, and I could not control this, and I felt that before, all the other abuse, when I got it *myself*, I could control it. I could disassociate; I could decide when to cry, not to cry; I could somehow massage [laughs] the situation, although I *couldn't*. But I believed that I could in order to change things, and I felt in control, which kept me sane, which is a good thing. [laughs] It didn't work, but that was the way I coped.

It seems that as a child Lenora believed she could exert some control during the beatings by deciding when to cry. The importance of believing one has control has been recognized as central to positive mental health (Seligman, 1975). As well, it is important in the sense that it provides feelings of efficacy (Ginzburg, Solomon, Dekel & Neria, 2003).

Rolande

In the following pages, Rolande described how she continued to be molested by her foster brother and the last time he molested her. This happened when she was nine years old. Her foster sister caught her in the washroom with her foster brother. While narrating this incident, Rolande also revealed what it was like for her to live in this foster family.

> One year I remember my foster mom—I think it was in '67—my foster brother was going to, oh, yes, enter the army, and he was supposed to be leaving. I remember I was riding my bike, and so he calls me over, and we went—this was in a small town; I can't believe people didn't see us either—and he called me over, and it was almost like whatever he'd ask me to do, I would do it. I was so afraid to be punished all the time; I was so afraid I would get slapped or thrown in the basement, because I was abused physically a lot by my foster mother. So I grew up like that, and so whatever he would say I would do it, or else he would say, "I'll tell Mom you did this, and I'll tell Mom you did that." So that's he used to control me.
>
> But my sister and I, it's funny we never talked about it, and she never told me what was done to her, but we all knew in the house that somebody was doing something to somebody.\
>
> So I went with him, and he brought me in the back of the arena, and it was always oral sex; he always wanted oral sex, and sometimes he would try to penetrate me, and he always had a hard time entering me…And I could never understand [laughs] why. He had a girlfriend who was a beautiful woman, and she was a teenager, and I remember looking at her. She was so gorgeous, and I remember looking at her because she had breasts [laughs], and I'm thinking, "What's he doing with me?"
>
> ….And so this kept on until one time my foster sister caught us in the washroom together—it must have been about '67, because he was getting ready to leave—and she told my foster mom that she caught us in the bathroom. And so my foster mother cornered me with her daughter, her older daughter, and they kind of cornered me and they asked me, "So what were you doing with him? What were you doing to him? Did he have his pants down? Did you have your pants down?"

> And just slapping me, and I was scared; I wasn't sure what to do or what to say, and the next thing I knew I was leaving that place.
>
> So one of the things that I have to say [laughs] is that I never ate with that family. The whole time that I lived there, I never ate with that family; I had to eat behind the stove. My sister and I ate behind the stove. And so we stayed like that for I don't know how many years, until I was about nine years old, I guess. So there was always this thing going on.
>
> So after that my foster mother asked us what we were doing, and I said to her that I was touching him, and she called me a slut. She says, "You're nothing but a slut. You're just going to be a slut." Anyways, and so I was sent to my room, and next thing I knew that I was leaving that house; I was moving somewhere else. And so my sister—and I wasn't sure—this was the first time she ever actually invited me to sit at the table. And my foster brother, *he* was leaving: he was going to Montreal to enter the army or something like that, and *I* was leaving because I was going down south. And so anyways, and so she says to me, she says, "Oh, you're going to be eating with us at the table," and she says, "and I want you to sit beside your *lover*—" Yes, "sit beside your lover. And oh, look at that, aren't they sweet together?" I think about it now and I think, "She was crazy".
>
> ....My foster mother, she was—I think about that home. There were times where—one of the things that happened was really stupid. I dropped a marble, and I was just a little girl. I was sitting on the couch, and I was playing with my marbles. I dropped my marble, and it went rolling under this little coffee table which was near the door. And so I went down to pick up my marble, and just when I went down to pick up my marble, my foster mother opened the door, and she goes, "You little pig. You're trying to look at me through that keyhole," and she slapped me. And I'm thinking [laughs]—it was like—everything was so sexualized all the time. But there was all this stuff that was happening, and I don't know how I ever survived it, because I used to think I must be schizophrenic or something; I don't know *how* I survived this world.
>
> ....There must be a lot of things I'm not telling you either, because there were—but it just seems like my years were just crunched together; it was just a big blurb. There's very few good times that I remember of myself having fun with my family or with my sister or with my foster families.

Rolande not only was blamed for the sexual abuse, but humiliated, shamed, and called a slut. Her foster mother did not attribute any responsibility to her son. She also endured physical abuse through beatings and emotional abuse by having to eat behind the stove. In 1967, the rights of First Nation individuals were not taken seriously. Recall that Rolande reported that she was apprehended from her own family as part of a Children's Aide scoop of the 60s. According to Palmer and Cooke (1996) First Nations children were first taken away in the late nineteenth century and placed in residential schools. The Canadian Indian Act of 1876 apparently supported this process of assimilation. Children were not allowed to speak their own language or engage in cultural rituals and customs while in school. During the twentieth century and in particular, the decade of the 50s, residential schools slowly began to close and child welfare became involved in placing First Nation children in foster care. By this time successive generations had been placed in residential schools and therefore many First Nations individuals lost their parenting skills. Child welfare authorities were able to enter the homes of First Nations to judge if children were being neglected or abused. Apparently, it was customary for First Nations to leave their children with neighbors when they went hunting. Many children were taken away without even informing their parents. In addition, to this racism was experienced by many First Nation individuals both within residential schools and foster homes much like Rolande's experience. While it is true that many children were taken away from their parents without being informed, in Rolande's case, there was physical abuse and neglect. She didn't know about this until her older sister told her years later.

Rolande goes on to describe what happened after she left her first foster home. She stated:

> But anyways, I remember leaving a couple days after, and I didn't want to leave. That was the only home that I'd known all my life, and I had to leave, and I went to this group home down in (the southern part of the province). So I stayed there for—but already I became promiscuous. And I remember, I was about Grade 6 or Grade 7, or even younger than that, Grade 5, I started kissing boys and having them behind a building and just really trying to arouse them or whatever. So I already knew that, and I became that; I became the promiscuous girl, and eleven years old I used to wear miniskirts and high heels, and I used to dress myself up, and people would never believe I was eleven years old. They'd go, "You're eleven years old? My God!" So I grew up like that, and in my mind was, If I'm going to be a whore, I might as well be a good whore. [laughs] Want to be the best damned whore. And I did. [laughs] I did. I was....

Analysis

With the exception of three women who were born in 1957 and 1958, five women were preschoolers in the later part of the forties and throughout the fifties. With respect to their early school years (from age six to twelve) Sabrina, Angela, Caroline, and Erin were school aged children in the 50s, whereas, Helen, Cynthia, Sache, Lenora, and Rolande spent most of their early school years in the 60s. When viewed from the 50s and 60s, psychiatric ideology was very different. Views expressed in psychiatric literature held children and mothers as accountable and "seductions" held little or no psychological or adjustment repercussions (Allen, 1949; Bender & Grugett, 1952; Weiss, Rogers, Darwin & Dutton, 1955). Its occurrence was linked to familial defectiveness, alcoholism, cerebral disease, and poverty (Allen, 1949). As well, "seductions" were thought to be a rarity among those who were middle and upper class, but among the poor, sexologists believed children could have premature awakening of sexual instincts (Bloch, 1908; Krafft-Ebing, 1931; Moll, 1929). Freud's work was still very influential among psychiatrists, it even continued to exert debate in the 70s, and as such stated children could fantasize incest as they progressed through psychosexual development. Psychiatrists also asserted that children's premature sexual instinct could account for their "seductions". As a consequence, it is not hard to explain why widespread denial of sexual abuse existed. For example, when Lenora's mother was treated for a psychiatric illness, Freud's theory was used to refute her disclosure of the incest. Also recall Rolande's foster mother called Children's Aide after finding out about the sexual abuse. Unfortunately Rolande did not report what her foster mother said to Children's Aide, so we do not know if her foster mother reported the incident (when Rolande was found with her foster brother).

With respect to children being regarded as culpable, some investigators believed children were either accidental victims or participants (Weiss, Rogers, Darwin & Dutton, 1955). Accidental victims usually disclosed immediately after the abuse and were generally abused by strangers; whereas participants were usually seductive, submissive, experienced multiple incidences and kept it a secret. Based on this belief, children labeled as participants were viewed responsible. Regarding the nine co-historians, four mothers knew of their daughter's sexual abuse. Helen disclosed to her mother when she was five and her mother's response was to tell her that she was bad and dirty. Lenora's mother discovered the sexual abuse when Lenora was five and told her she would go to hell as it was like adultery. As well, her father periodically beat her as to stop the incest. At the age of six, Cynthia's mother inserted a wooden spoon into her vagina and told her not to let boys touch her vagina or that she should not touch herself. As well, Cynthia's father called her slut and punished her after disclosing the school janitor's abuse. Rolande's foster mother found out about the incest when she was nine and called her a slut. These four mothers and two fathers treated their daughters as if they were culpable. Children were sometimes labeled by their abusers. For example, Sabrina's stepfather blamed her as he sexually abused her. Degradation through name calling whether this was from the abuser or from a nonoffending parent would only add to the psychological damage that is inflicted by sexual assault. As well, recall Sabrina physically fought her father when he was sexually abusing her. This action could hardly be labeled as submissive. Even when some daughters did not have a chance to resist, threats to their physical safety prevented them from acting. For example, both Angela and Cynthia described being threatened with her lives by their fathers. Angela's father submerged her head under water and told her this would happen if she told anyone and Cynthia's father raped her at knife point. Sache protested to her mother every Sunday before going to visit her sexually abusive uncle. Her mother did not listen to her when she was five years old.

As well, mothers were viewed as responsible as they were critical, rejecting, depressed, masochistic, or generally exhibited unfavorable attributes. Note all these characteristics were the opposite of what was considered to be a good mother. Later in the family constellation theories, they were colluding members (Dixon, Arnold, & Calestro, 1978; Eist & Mandel, 1968; Hersko, Halleck, Rosenberg & Pacht, 1961; Kaufman, Peck & Tagiuri, 1954; Rhinehart, 1961; Weiss, Rogers, Darwin & Dutton, 1955).

From women's oral histories, two women described their mothers in negative ways. Sabrina stated

> I don't like her. I even have a hard time respecting her because of what has happened to me as a child….. I have got a lot of anger at my mother because she did not protect me as a child. She knew what was happening, and she said she had to survive. So she sacrificed me. And my mother—what?—is eighty-three years old. I personally feel that she was sexually abused as a child growing up, and I feel for her, and I understand where she's coming from. But I don't understand being a mother and not protecting your own child.

Angela commented her mother knew about the abuse.

> And at one point—I think I was twelve or something—my mother used to have two twin beds in my bedroom, and she moved the double bed into my bedroom and took the two twin beds into their bedroom, so it was like an open invitation. I have the double bed now and they have the twin beds. She switched that when I was twelve or thirteen.
>
> And I even remember at one point where I think, yes, it was in the double bed where my father was raping me, and the door wasn't quite closed, and I have again a very, very, very, clear and vivid picture of my mother looking through a little crack in the door, me looking up and—actually seeing her face, turning my head

> this way and seeing her face in the doorway…She's always chosen him, always chosen him over us. I don't remember her being physically abused, but I remember the violent arguments and the yelling and the screaming. It was just a constant thing in the house. And the drinking too.

She goes on to describe how her mother physically abused her.

> And there's Polly, who was created in the image of my mother. When that memory came back and I met the alter, that same day I burned myself with cigarettes and with an iron, and that's when I knew that the memories came back that my mother used to do that. So I in turn did that when that memory and the alter came to my knowledge. She took control and was burning me and then plugged in an iron and ironed my arm. So I created the image of my mother. But I've also learned that there's a very sad side to her too. And like my psychiatrist said, "Now that you have that alter, you have the opportunity to get to know a little bit more about what your mother is about," and there's a lot of sadness there, but also a very abusive alter. Her favorite expression is, her hands on her hips and says, "What the fuck do you want?"

Some women tried to understand why their mothers acted as they did. Lenora describes her mother powerlessness but still feels as if she should have been able to say no.

> So Mom continues healing. She continues looking for answers, and she's pretty much forgiven herself for anything that's happened and is working through dealing with her marriage. She continues to *want* to be my mother, although she continues not to be….She does for me physically maybe what moms do, maybe puts a meal on or whatever, but is still unable to be my mother, so I still continue to be without a mother. I guess that's about all I can say about my mom.
>
> In terms of the powerlessness, yes, she was really powerless. But you know what? I was even more so….And so I guess I haven't forgotten that. I don't just feel sorry for her; there's a big part of me that just says no. No. At some point, no matter what, you just have to just say no. She wanted to make sure that she was materially looked after, and she was, and she was willing to go through that. And so now she's got money. Isn't that wonderful?

Recall Helen reported being sexually abused by her maternal grandfather and disclosed this to her mother. Due to her mother's response, which was to tell her not to speak of this again, she felt that her mother had been sexually abused as well. Rolande described her foster mother as sexualizing her actions. This was exemplified through the story of when she dropped a marble on the floor near the door. She bent down to pick it up when her foster mother walked through the door and replied that she had been trying to look at her through the keyhole. As for her real mother, Rolande stated she treated her like a drinking buddy.

> It's really easy to become a victim again, to kind of stay in that depressing mode, because I don't talk with my real mother. I don't know, maybe because I have too much expectations maybe, thinking that, this is where you should be, and I don't know if we'll ever talk to each other. We've never had a relationship, and when I did try to have a relationship, it was like, "Your sister this and your sister that." She seen me in my worst that time too when I was drinking. When we met each other it was like, if there was a forty-pounder I'd drink it. [laughs] And that's all we did together: We drank. We drank, and I was promiscuous at that time, and she'd seen me, all my promiscuity. So for her this is what I am. She goes to church every day with her little scarf on her head. [laughs] That's terrible. But yes, she just doesn't

> see me as being her daughter; I'm like the ghost from the past. And she told me one day—how did she put that? She sent me this little note one time, and I was sitting right across from her, right? And she writes me this little note: "Can you lend me two hundred dollars so I can buy gifts for my children?" What am I, molasses? [laughs]

Sache described her mother as narcissistic and as reversing her maternal role.

> She's very narcissistic, my mother. She's very self-involved. I understand where it all comes from. She had a hell of a life in her own way, but as a mother, she's just not there for her kids; she never has been. It's more I'm more of the parent in that relationship, which I've also just backed away from.

Cynthia described very conflicting things about her mother. For example, she recounted the incident where her mother sexually assaulted her with a wooden spoon. She also described her mother as neglecting her, but at the same time valuing her.

> My family—my mother, my parents—thought they wouldn't have a daughter, and so I was the surprise almost and the icing on the cake or whatever. That's what I heard all my life: They finally got their little girl, and everyone says, "Oh, you must be spoiled." I heard that a lot, but I didn't ever really feel it.... I was by myself all the time. Mom told me that when I was preschool I used to cut paper. My room was full of little bits of paper because I used to cut out stuff from the Sears catalogue, cut out furniture, pretend that I was making a dollhouse or whatever, and cut out clothes and furniture, and I was always cutting. I was alone.

There was also a period of time when Cynthia's relationship with her mother became quite close.

> And I struggled really hard with that, because I was really close to my mom after my dad died. My marriage ended within six months of my dad dying, and it was a time when my—I left my marriage when my eldest child was fourteen months old, and I was seven months' pregnant with my second. I couldn't take it any more, and he was becoming physically abusive, and it was escalating. I had to leave. And my mom had just lost my dad, and so it was a time when she welcomed being able to fill something in her life and where I certainly needed help. I went on welfare; I needed to be home with my babies, and that went for seven years till they were in school before I started to work. So we were very, very close, and that more or less continued until I went to school. And then things became more and more demanding, and I just didn't have enough time to be the good daughter, or as good. And then everything fell apart. So my guilt has been tremendous.

Caroline didn't mention her mother other than to describe her mother's struggle to support her children.

Later as an adult Erin wrote a letter to confront her father who sexually abused her as an adolescent. The letter was discovered by her mother and as a consequence asked Erin not to attend any family functions for a few years. Despite this period of estrangement Erin described her mother as a wonderful person whom she loves very much.

> The first time I'd seen them was at my nephew's wedding four years ago this past June, and as I walked through the receiving line, they were standing there, and I just acknowledged them: "Mom, Dad," and kept walking. Their faces were very stern and stony. And I had heard my mom—oh, my God, oh, my God, oh, my God, my mom—I love my mom. All this crap that she's been through in her life, and I know she knows that he molested the kids, but she decided to stay with him. And

> friends of mine say to me, "How can you love your mother if she did not stand by you?" I said, "I don't know, but I've *always* loved her; she's *always* been my ally," except in this one case. But I don't care what other people say; I love her.

According to views expressed in psychiatric literature from the 50s and 60s, these mothers would have been described as colluding and as not being able to fulfill their maternal responsibilities. Even though many women did describe their mothers in these ways, it is possible to understand how financially dependent they were on their spouses. Most married women did not work once they had children. For example, in the 1950s, approximately four times as many men as women between the ages of 25 and 44 were employed. By the 1960s, approximately three times as many men as women were employed, and by the 1970s this had fallen to twice as many men as women (Historical Statistics of Canada). Other Canadian statistics report that in 1960, only one in three women were employed as compared to four out of five women in 2001 (Kittredge, 2004). Certainly, with the exception of Caroline's mother who left her alcoholic and physically abusive husband and Sabrina's mother who wasn't married, all women's mothers were not employed outside the home.

In the post war years, experts defined American femininity by adherence to housewife and maternal roles. Women were encouraged to find fulfillment through daily household tasks and nurturing their children. According to Friedan (1963) women's age at marriage steadily dropped to 20 by 1950 and the proportion of women attending college dropped from 1920 to 1950 by 10%. In 1958 approximately three times as men attended college than women. Magazines also celebrated women's migration from the workplace and college back to home frontiers. Respectability was tied to marriage and maintenance of one's home. To be without a husband was to not only loose economic livelihood but also what defined one's life. To be certain it would almost be scandalous to leave one's husband.

The law was equally influential and mirrored the way sexual abuse was viewed by society. The Criminal Code of Canada listed two sexual offences that specifically referred to children. These were sexual intercourse with a female under fourteen and incest (Boyle, 1984). As well, rape could also be applied to cases where a girl did not consent (Harvey, 1944). According to Boyle's research, "sexual intercourse with female under fourteen" dates back to English law of 1275 that prohibited raping of young girls younger than 12, irrespective of whether they consented. In 1869, Canada adopted the offence of sexual intercourse with female under twelve, and in 1892, when the Canadian Criminal Code was incorporated this law was amended to the age of 14. At this time the law did not distinguish between chaste and unchaste females. This occurred as a result of amendments in 1920 that distinguished between chaste and unchaste girls, but this only applied to girls over the age of 14. As well the 1920 amendments stipulated that witness's testimony and evidence were valid if corroborated (Boyle, 1984). At this time the law was called "Unlawful Carnal Knowledge" (The Revised Statutes of Canada, 1927). In 1944 the law was called "Carnally Knowing Girl under Fourteen Years" (Harvey, 1944). The criminal code of 1959 distinguished between females under the age fourteen and those who were fourteen or more and under the age of sixteen. With respect to males who had sexual intercourse with females under the age of fourteen, they were guilty even if they did not believe females were under fourteen and were subject to life imprisonment and whipping. However, in the case of males who had sexual intercourse with females who were fourteen years of age or more and under the age of sixteen, females were required to be not the wives of their accusers and of previous chaste character. If these conditions were met and the accused males were more to blame than the females then males could be imprisoned for five years (Ryan, 1964). To secure a conviction, the victim needed to file a complaint as soon as possible along with evidence that it occurred as to eliminate the possibility that the charges were fabricated (Boyle, 1984).

With respect to incest, this law dates back to 1890 and with the exception of a few minor changes; it was basically unaltered even in 1984 (Boyle, 1984). In 1906 the offence became indictable. In the forties and fifties the law named brothers and sisters, grandparents and grandchildren, and parents and children who cohabitate or have sexual intercourse with each and if they were aware of their blood ties as relatives were guilty of incest. Both parties were subject to fourteen years imprisonment and for the male he would also be whipped. Only if the female who was also accused of incest could prove that she was forced to participate under restraint, fear or force then she would not be punished (Harvey, 1944). In the Canadian Criminal Code of 1964, the essence of the law remained unchanged, although the wording changed (Ryan, 1964).

The incest law pertained to both males and females, and to both children and adults. Instead of being designed to protect children, the law prosecuted children if they were not able to prove resistance (Boyle, 1984). If all nine women's sexual abuse had been detected, according to the laws of that time, their sexual abuse would have been classified as incest. As preschool and even school aged children it is unlikely that they would have been able to talk about how they resisted. Developmentally, children are very dependent upon the adults in their lives and look to them for support. Children require adults to survive and they do blame themselves as opposed to seeing the adults as being responsible (Summit, 1983). As well, causal thinking is not developed until later childhood with younger children engaging in magical thinking and egocentrism. Therefore it is easy to blame themselves for events such as the death of a parent or sexual abuse. With the exception of Rolande, all other women's perpetrators were adults, yet the incest law did not distinguish power differentials. As well, it is doubtful that children's testimony would have been taken seriously due to Wigmore's Treatise on System of Evidence at Trials (1923). In this work he emphasized how children's statements were not trustworthy due to their inability to distinguish between reality and imagination. He backed his argument up by quoting Robert Louis Stevenson's "Child's Play" whereby children's imagination and inattentiveness to factual realities were seen as fundamental to their character. In essence Wigmore discounted children's reliability to recount factual events. Boyle (1984) also noted that Wigmore disregarded young girls and women's testimonies of sexual offences on the basis of psychiatric literature from the early twentieth century. He concluded that their testimonies were usually fictitious and could only be used if a physician had examined their life histories and psychological adjustment.

More recent academic analysis has discredited his work, revealing Wigmore's bias. Wigmore reportedly used case studies from Healy and Healy's work (1915) entitled "Pathological Lying, Accusation and Swindling" (Boyle, 1984). Healy and Healy (1915), in turn examined 1000 cases of delinquent youth as to ascertain the number that were pathological liars as opposed to those that made false accusations. In one chapter, devoted to pathological accusations, Healy and Healy noted that such cases were more common in girls prior to puberty.

In Wigmore's analysis of 9 young girls charged with juvenile delinquency and sexual misconduct he concluded they were prone to false accusations (Boyle, 1984). His conclusion has been questioned as he ignored evidence, such as gonorrhea, that would have proven that at least one girl was sexually assaulted. Instead Wigmore, like Healy and

Healy (1915) accentuated the girls' immoral behavior, delinquency and deceptiveness. His bias towards dismissing women's accounts of sexual abuse significantly influenced laws during the twentieth century. Boyle (1984) noted how difficult it will be to eliminate this suspicion of fabrication even with reformation of the laws.

It is one thing to have laws that prohibit sex with children, but another to actually examine the rate of convictions for sexual offences as to gain insight into how sexual abuse was handled. Historical statistics do not separate offenses on the basis of victims' ages; therefore the statistics refer to both children and adults. In examining 1945 Canadian statistics of all provinces for convictions of incest, rape, and sexual intercourse with females, the numbers were respectively 46, 12, and 83 (Statistics Canada, 1946.) Similarly, for 1950, convictions of incest, rape, and sexual intercourse with females were respectively 28, 37, and 77 (Statistics Canada, 1952). For 1955, convictions for incest, rape, and sexual intercourse with females were respectively 42, 63, and 101 (Statistics Canada, 1957). For 1960, convictions for incest, rape, and sexual intercourse with females were respectively 43, 55, and 156(Statistics Canada, 1962b). It is inconceivable that the number of convictions represented the occurrence of sexual abuse, but reflected widespread denial, secrecy, and processes of dissociation that children experienced at the time of the abuse. Of the nine women, no one reported the sexual abuse to the police. There is only one instance of a reporting and this was in connection to Rolande's rape (as an adolescent). The outcome was not favorable and is described in the next chapter.

Even if the nine women's abuse had been detected in the late forties and fifties, it is unlikely that they would have received psychotherapy. In Alberta, children could be referred to Guidance Clinics where they received assessment, guidance and treatment consisting of institutional admissions, special classes, sterilization, or more social contacts and wider interests with re-establishment of self-confidence (Blair, 1973; Kibblewhite, 1937; LaJeunesse, 2002). Psychotherapy or counseling was not even done in the 1960s when Guidance Centers expanded from part time operation to full time hours with permanent staff. In the forties and fifties, referrals to clinics were made only if children presented with severe behavioral problems, developmental delays, or as in the case of school aged children academic problems (Blair, 1973; Kibblewhite, 1937).

The first clinics opened in 1929 and were situated at Edmonton's University of Alberta Hospital Out-Patient Department and Calgary's Baby and Child Welfare Clinic and were called Mental Hygiene Clinics (Blaire, 1973). They were based on the principle of prevention. In the 30s, clinics started to appear in other Alberta urban settings such as Peace River-Grande Prairie, Drumheller, Ponoka, High River, Coleman, Lamont, Vermillion, and Red Deer. The clinics first operated on a part-time basis, i.e. one day a week for Calgary and Edmonton clinics and every fourth Friday for the Lethbridge clinic (Kibblewhite, 1937). Other clinics were held less frequently, i.e. such as every three months for three days for the Medicine Hat clinic. Most referrals were made to the clinics by nurses and physicians, schools and provincial sources such child welfare; while fewer referrals were made by police and courts, parents, and homes such as Mountview. The majority of referrals consisted of school aged children and teenagers in 1934 (68%) and 1935 (54%). Diagnostic categories for school aged children were behavior problems, backwards in school, delinquency, epilepsy, psychotic, enuresis, nervousness, and various types of mental deficiency (i.e. with or without behavior problems, with sex delinquency, with speech defect). By far the greatest proportion of diagnoses was of mental deficiency in the years 1934 and 1935. For preschool children, the diagnostic categories consisted of mental deficiency, infantile hemiplegia, cerebral degeneration, epilepsy, deafness with lack of speech, temper tantrums, and hydrocephalus (Kibblewhite, 1937).

In one case history from the 1934 Guidance Clinics, the family was identified as defectives. The main presenting complaint was of two children "accused of sexual misconduct" (Kibblewhite, 1937, p.34). The two children were admitted to a Provincial Training School. Later another sibling 10 years of age was referred as she was having sex with boys at school and Chinese adults living in the same town. Apparently her younger brother and other members of the family were also involved. She was then suspended from school and admitted to the Provincial Training school (Kibblewhite, 1937). Interestingly, this case study illustrates how health professionals at the Guidance clinic, who would have consisted of a psychiatrist and social worker, did not investigate for sexual abuse in the family even though reference is made to the family's involvement. The sexualized behavior of these children was considered part of their lower intelligence.

During the World War II, the Guidance Clinics were closed due to staff shortages and then reopened again in 1947. Full time permanent clinics were set up in Calgary, Edmonton, and Lethbridge respectively in 1947, 1949, and 1954 (Kibblewhite, 1937). By the end of the 1960s, treatment facilities for children had substantially grown to include not only Guidance Clinics, but also included counseling services in schools, and special classes based on the specific disability (i.e. low vision, learning disability, cerebral palsy, speech and hearing and emotional disturbance). As well, psychiatric units in general hospitals (i.e. Royal Alexander Hospital, University of Alberta Hospital, and Glenrose Hospital), institutions such as provincial mental hospitals (Ponoka and Oliver), Linden House in Red Deer, specialized treatment facilities such as Hull Home in Calgary and a Diagnostic and treatment center in Edmonton affiliated with Provincial Welfare and Detention Center had been established to treat children (Blair, 1969). Despite the growth of an infrastructure that was more sensitive to the emotional needs of children, societal awareness of sexual abuse was still dormant.

Women's narratives of their childhood years reflected widespread denial of sexual abuse as disclosures were silenced with blame, punishment or disbelief. Avenues for help did not exist. Mental institutions interpreted incest according to Freud's theory of psychosexual development. Guidance Clinics associated sexual behavior in children with mental deficiency or delinquency. Psychiatric views of the sexually precocious child or of the depraved female suspect to deceit were embedded in laws pertaining to incest and unlawful carnal knowledge of females between 14 and 16 years of age. Only unsullied females were believed, but only under certain circumstances. Treatment for females consisted of institutionalization in training schools or mental institutions. Psychotherapy was not done even in the 1960s due to lack of staff.

Psychiatric nurses of the 40s and 50s were largely influenced by Freud's Theory of Psychosexual Development. One textbook entitled "Psychiatry for Nurses"; written by Dr. Louis Karnosh and two registered nurses Edith Gage and Dorothy Mereness (1944), referenced Freud's theories of personality, development and abnormalities of personality. The writers were orientated to major psychiatric illnesses such as manic depressive illness, schizophrenia, psychoses related to drugs, physical injury, brain tumors and epilepsy, mental deficiency, psychopathic personality, and psychoneuroses. Interventions were orientated to institutional settings where management of behaviors and observation of symptoms were stressed. Therapies were confined to hydrotherapy, shock therapies using insulin, metrazol which induced convulsions, and electroshock therapy. Psychiatric nursing was largely orientated to custodial care and psychotherapy was not addressed. Within a chapter on mental hygiene, the authors addressed child guidance as a specialty that was confined to specially trained physicians called orthopsychiatrists. Orthopsychiatrists addressed delinquency, and developmental concerns. Specific areas of concern were children's eating habits, sleep, play attitudes, "distorted conceptions of sexual matters" (p. 318), emotions, physical inferiorities, and classroom behavior. This was the only part of the text that mentioned children in relation to sex. The wording itself draws attention to children's cognitions, thus an awareness of factors external to children were omitted. The overall tone of the chapter on child guidance was to inform nurses of this field of practice. Psychiatric nursing was unaware of child sexual abuse.

Lenora's reference to the psychiatric nurse, who visited her mother after her discharge from hospital, was with respect to his or her orientation of reporting back to the psychiatrist and monitoring drug therapy. The time frame for this would have been in the 60s. Valium, which is a benzodiazepine, or minor tranquilizer, was first introduced in 1963 and used to treat anxiety. For many years it was widely prescribed by physicians (Narcocan Southern California, n.d.). As Lenora mentioned, no one believed her mother's disclosure. Psychiatric nurses treated her mother's illness and were not orientated to the family, environment, inequalities of personal power that were present in Lenora's family of origin, and most importantly to the occurrence of the incest.

"It Was Hard Understanding": Adolescence and Difficult Times in Contending with Child Sexual Abuse

Adolescence is a difficult period of time for most children, as it is fraught with many changes in terms of physical, emotional, and social development. Physically it is a period of sexual maturation, emotionally a time of learning to handle sexuality and growth towards independence, and socially a time of redefining familial relationships. These are not easy tasks to accomplish for any young person. Yet, in the context of being sexually abused this is what Sabrina, Angela, Caroline, Erin, Helen, Cynthia, Lenora, Sache and Rolande needed to accomplish.

The following chapter will provide a description of the nine women's adolescences. The second half of the chapter provides an analysis of the laws and infrastructures that existed during their adolescence.

Women's Accounts of Adolescence

An age span of just over ten years existed between the eldest and youngest adolescence. For example, Sabrina's early teenage years started in the later part of the 50s, whereas Rolande's teenage years began in the early seventies. Despite the time difference, women shared similar types of experiences.

Sabrina

Sabrina described [illegible] adolescence as very troubled due to the sexual abuse and not knowing her biological father. Promiscuity, depression, suicide attempt, self-blame, pregnancy and confusion over her identity were some of the issues she had to deal with. Although the effects of sexual abuse are now well known and thoroughly researched, they were not in the 60s. Sabrina would have contended with these on her own. With respect to the sexual abuse, which continued while she lived at home, Sabrina described the guilt she felt as her body responded.

> And as I developed into a young woman, my body started to respond, and I used to feel very, very guilty. It was my fault because I was responding. It wasn't until years later that I understood that they're two separate things, the biological and the psychological things in the body, but it was hard understanding this. It was hard because many years I blamed myself, and during this time I became promiscuous because I didn't understand. I thought you did this for love.

Today we know that Sabrina's response is typical of women who have been sexually abused as children. From a study of women who experienced childhood incest, most American women in the sample experienced guilt and shame with sexual desire (Westerlund, 1992). Commonly, the guilt is related to the belief of being responsible. To get past the guilt, one has to separate biological responsiveness and address the issue of responsibility. This often requires therapy.

Promiscuity has been characteristic of childhood sexual abuse and often occurs during adolescence or early adult years. Motivations or explanations women cite for this behavior are to punish themselves; undeserving of respectful relationships, or to provide illusions of personal power (Westerlund, 1992). In Sabrina's case, confusion over affection and sexual behavior resulted in her being promiscuous. Other sexual difficulties that are commonly experiences are arousal difficulties, desire dysfunction, decreased frequency of orgasms, painful intercourse, or emotional reactions such as crying during sex (Maltz &

Holman, 1987; Saunders, Villeponteaux, Lipovsky. Kilpatrick & Veronen, 1992; Tsai, Feldman-Summers & Edgar, 1979).

She goes on to describe her depression and suicide attempt as an adolescent.

> ...During my adolescent years I did—I'm repeating myself here—...they were not happy years...and then those years ensuing after that is one of identity as to who I am, where did I come from? Yes, they were very mixed-up years. And yes, there was some anger in there towards my mother, because I asked her many times as to who my father was, and each time I asked her, she lied to me; it was never the truth. I have to say, yes, it affected me. I was in my late teens. I tried to commit suicide because of all this, and really it was really accidental. I was feeling very, very depressed, also having the start of my migraine headaches, and I ended up taking too many Aspirins and ended up having to have my stomach pumped because I had overdosed and not realized this is what I had done. But it all stemmed to what had happened to me....

Depression is one of the most common effects associated with child sexual abuse (Jumper, 1995). Commonly associated with depression, suicide and attempts are an added risk for someone who has history of childhood sexual abuse (Oates, 2004). Sabrina goes on to describe how she left home and returned once she became sick.

> ....In between that time, moved away from home. Then I moved back because I got sick, and I had quit college. It was at that time I got pregnant, and I had a little girl. That's the hard part, because that's also when my career training—and I carried my baby until it was time for me to deliver, and I had to go back and make some time up, which I did. I did not keep my daughter; I gave her up for adoption. And the day came to turn her over. I didn't want to; I wanted to keep my baby....But I also knew deep down I did not want her to grow up the way I did. She deserved something better, and being a single mom just didn't appeal to me at the time. As to what happened to me, because my mom was a single mom, and she always said she kept me for the simple reason was at that time they were sending babies who were born out of wedlock down to the States to be adopted. That was in the '40s. So she kept me, that sense of obligation. To this day I think maybe she should have never kept me for what has all happened to me.

In 1960 illegitimate pregnancies were 4.3% of all pregnancies, whereas in 1945, the year of Sabrina's birth, illegitimate pregnancies were 4.1% of all pregnancies. A decade after Sabrina's pregnancy, in 1970, they were 9.6% of all pregnancies. Crude birth rates for 15 to 19 years of age for 1960, 1945, and 1970 were respectively 59.8, 36.5, and 42.8 for 1970 (Historical Statistics of Canada). Teenage pregnancies increased from 1945 to 1960, and then steadily decreased during the 70s, no doubt due to the availability of oral contraceptives. The sale or advertisement of contraceptives was illegal until 1969 when the Canadian Criminal Code amended the Food and Drugs Act to allow their sale (Cohl, 1978).

Media, in the form of classroom films advocated chastity. For example, the film "How Much Affection" produced in 1957 shows a young woman, although still teenaged, coming home tearful after her date with Jeff. Laurie's mother advises her to resist sexual activity urges by thinking through its consequences, which are illustrated through another teenage couple who become pregnant requiring them to leave high school to marry and earn a living. Another 1961 film entitled, "Girls Beware" not only advocated chastity, but warned young women to be careful of gangsters, lustful young men who are only after one thing. Depicting men as jobless and irresponsible, a young girl becomes pregnant necessitating disclosure to her parents (Smith, 1999). The moral warnings were directed towards young women to control their behavior. They were the moral overseers as their behavior was crucial in either thwarting or encouraging sexual advances.

Angela

Like Sabrina, Angela became pregnant and gave her baby up for adoption. She describes her father's violent reaction towards her upon learning of her pregnancy.

> …..We lived in France for three years when I was a teen, and I know that we were in Italy, but I have no recollection of how we got there or really what we did or—even my teen years are very fuzzy….I also was engaged to a fellow before that, and I became pregnant. I remember telling my mother, and my mother obviously told my father. We were in the top of the stairs or something, and he was just *screaming* at me, and he pushed me down the stairs to either kill me or the baby or—
> Ann: Oh, that's awful. And what happened?
> Angela: And then my fiancé called either that night or—and I guess my father figured out who I was talking to, and he grabbed the phone and he said, "Did the slut tell you she was pregnant?" So anyway, that was the last I saw of my fiancé. He just took off for parts unknown. So that was another loss; I gave the baby up for adoption.

Angela's father continued to sexually abuse her until she was 16 or 17.

Caroline

Caroline continued to live with her mother and sisters. After finishing high school she found a job. No further incidents of sexual abuse were mentioned by Caroline during her teenage years, nor did she describe adolescent issues related to her sexuality.

Erin

Erin's teenage years were difficult due to her father's molestation which began at 15 years of age. She describes in detail how her father caught her in a precarious position, unable to defend herself.

> …We were bringing in the hay, and my father needed to take a child out with him so that you could unhook one of the wagons and hook up another one to bring it to the barn….Now, when you go out to the field, you are standing on the tractor, and there's a hitch thing out the back, and I'm, as I said, fifteen…and there's room for your two feet. Then you had to put your hand on the fender of the tractor, one on one side and one on the other. That's how you hung on. So while you're hanging on, this guy takes advantage and reaches around and fondles my breasts, and I'm going like— [laughs] if I let go, I'm under the wagon, if I let go even one hand to slap him. So my response was a nervous laughter, just kind of [laughs], "What do you think you're doing?" because I'd never experienced this before. I'd had experiences, but this is from my father; those other ones were from my cousin and a friend's brother. So I pondered that incident for a long time, and then another incident happened that I remember…We went out to the fields, I think with the pretense of checking the fences. We went into the woods, and I was ahead of him, and it was my back to his front. He pulled me toward him, and again, the kind of nervous laughter and not understanding what was going on and whatever. And so I pulled away and kind of giggled and whatever, and I don't know exactly what was said. I kind of have a bit of a glimmer of a memory of what his face looked like, and when I talked to my other sisters later on, he had this kind of leering kind of

> look in his eyes, and so I kind of tried to keep my distance from him. And then we got into the truck, and he put his hand in my pocket, and he was trying to reach for my private parts; I knew that. But the kind of pocket that it was, it was not one like a blue-jean one; it was one that was stitched, which was to my benefit. And again, not understanding, kind of the giggle and the look in his eyes and whatever.

Erin's approach for dealing with her father's advances was to take her brothers out with her. There was nothing submissive or seductive about Erin's actions, but instead her strategy was a form of protection. It would seem that Erin's sisters also employed the same tactic. However, Erin did not know this during her teenage years.

> I'd drag one of my brothers along. All the girls are the oldest, as I said, and the boys are the younger ones…And the boys were so keen on farm work and tractors and being out there and helping, it was no trouble to get one of them to come along. And in later conversations with sisters, I found out that they did the same thing. If it wasn't a brother, they'd try to drag another sister, but they really didn't want to drag another sister with them because it might be both of them, or he'd separate them somehow. So we usually tried to have a brother, and I picked the one brother to go with me.

Erin describes the ensuing conflict between obedience to her father versus the wish to say "No".

> I fought with this in my head for many, many years, and one of the things was that there's the biblical "Honor thy father," and so if your father is doing this to you, how do you say no to him? How do you say whatever? And as I said, it was the nervous laughter, the struggle to get away, and not wanting to say "No!" because I couldn't because of the "Honor thy father."

At the age of 15, Erin's resources in dealing with her father's molestation were to look up incest in the library. Literature from this time period was restricted to some psychiatric journals that physicians and other health care workers accessed. Even so, literature on this subject was very difficult to find. For example, from a literature review of articles and books dating to 1965, less than 20 books and articles on victims of incest or child sexual abuse were found. Many references were part of broader theoretical work such as Freud's or Moll's. Compare this to the number of resources that one can access through a database such as PsyhINFO using the term "Incest" for the years 1966 to 2006. Such a search yields 2145 articles and books. In addition, there were no sexual assault centers, self-help literature, child abuse hotlines, or made for television movies that could be accessed. Erin describes what she found in the library.

> However, at age fifteen I was also, of course, able to read, but I don't know if I did it exactly then; I cannot remember when I did it. But it might have been at school or whatever, I looked up some stuff on it, and incest is an international taboo. In some countries father-daughter or mother-son relationships okay, but brother-sister isn't. But in every society there is some kind of a taboo. It doesn't have to be the same as in North America or wherever else. So knowing this is sort of like, okay, on the one hand, it's internationally, culturally a taboo. On the other hand, honor your father and your mother. I fought with that for many, many years.

Erin, like many other women abused by close relatives, grappled with self-blame (Quas, Goodman & Jones, 2003). Her introspection and analysis was of her behavior, as she questioned whether or not her clothing or her behavior was seductive.

> And the thing is this, is that the other part of it is, what did I do to cause him to do that to me? Which is what I struggled with for many, many years. Was my blouse

> too tight, and my breasts were protruding too much? Were my shorts too short? Whatever. I went through the whole list of things: What did I do? *What did I do* to make this man do what he did to me. And it took me many years to figure out that I didn't do a thing. If I was clothed in something from neck to wrist to ankles, he would have found a way to abuse me; it wouldn't have mattered what I wore.

From her account it is apparent that she was trying to make sense of what happened. Her struggle to relinquish self-blame took many years. In fact, she commented on the length of time it took to resolve her issue of self-blame.

> So all of this stuff, I was carrying it with me, wondering what *I* had done wrong, *where* I'd gone wrong, *what* had happened, *why* it happened to me, and not coming to full grips. As a matter of fact, I didn't come to full grips with the whole thing for a long, long time.

Erin goes on to speak about her father as a punishing authoritarian figure whose presence was intolerable in that she planned to run away.

> …Every single year—that was probably Grade 10—every single year I tried to think of ways of running away from home. As a matter of fact, even before the abuse happened, the sexual abuse, at age fourteen—and I'm not sure if I wrote this down or not; I don't remember—but at age fourteen, when I was leaving Grade 9, I was planning to run away from home—because the situation was such that we felt oppressed. My father was a very strong disciplinarian; he ruled the roost; we got spankings galore—which I'm not saying spankings are bad, but there were certain incidences that were….for instance, someone broke a branch off a cherry tree—I know it sounds like Washington, but—someone broke a branch off a cherry tree. When you do that, you're supposed to cut it off clean and paint it because the sap will come out. My father lined us up from eldest to youngest, and he spanked every single one of us because no one would admit to it. And I found out—I'm the third oldest—I found out *many* years later that it was the second-oldest sister, and when he spanked her, she could have said right then and there, "It was me," and spared the rest of us. But I guess she felt that we needed to share the punishment so that she wouldn't be found out. So that's some of the kinds of things that happened in discipline….And so as I said, when I was fourteen years old, I wanted to run away from home. And I had it planned that when the bus arrived—probably even before the school bus arrived at the school to take us home, that I would already have several changes of clothes with me, I would have bought some hair dye, and I would hitchhike or walk out of the neighborhood or whatever….

However, Erin does not run away from home and ends up graduating from high school, finding a job and attending college.

Helen

Helen' adolescence was busy as she continued to care for her siblings and father during her mother's periodic hospitalizations for acute exacerbations with multiple sclerosis. Her mother began her hospitalizations when Helen was nine for other health related conditions and continued well beyond Helen's departure from home at 17.

> And when I look back at the age, I was twelve or thirteen then, so Mom would have been forty-three, forty-four. That was the beginning of her MS; it was diagnosed when she was forty-four….Oh, that was another reason why she ended up in the hospitals, because she'd get blood clots because of inactivity.

> So for me, my dad was just like—that was it; that was the way it was, right? Yes. And my mom, and my mom wasn't home, and that was my job! My job was to do my mom's job. That was it. Dad used to take me to Safeway on Saturday mornings, drop me off, and he'd go off and have coffee, and this nine-year-old would be pushing the cart around Safeway, and I would get groceries for our family for the week. He came back in time to pack them.

Not only did Helen take over her mother's household tasks, but as she alludes to she became the object for her father's sexual fulfillment during her mother's absences.

> Ann: So any time your mother was—away, you filled in?
>
> Helen: Yes, I did.
>
> Ann: And so when she came back…
>
> Helen: It would end—or that's what I remember right now. I don't know if ever it happened when Mom was there; I don't know. When she would come back, I would still have a lot of work to do around the house. I had three older brothers who could have done laundry, they could have cooked a meal, and they didn't because Ukrainian boys don't do that. My dad could have done something, and he didn't. I left home when I was seventeen, so my younger sister would have been twelve, so then when Mom got sick, my younger sister would have to take over.

Unlike our infrastructure of today, home care services were not available for individuals with chronic illness as services began in Ontario in 1970 and other provinces followed thereafter (Canadian Home Care Association, n. d.).

Like Sabrina, Helen reported sexually abusing some children while babysitting them. Still unable to understand why she did this, she reported knowing it was not right to do this.

> I abused some kids when I was thirteen. I was babysitting them, and it took years and years for me to tell anybody because I didn't want to go to jail. And when I finally did tell my psychologist, I could never find these kids again if my life depended on it, right? And all I did was what Opa did: I molested them, just like what Opa had done to me. I knew it was bad at the time, but it obviously wasn't bad enough, huh? because I did it anyway. It's still a very confusing thing to me, and I don't know why I did it….

With respect to her sexuality, as a child, she taught neighborhood children about sex after learning about reproduction from her grandfather. As well she became promiscuous and stopped prior to menstruation.

> I stopped being innocent when I was three, and the sexual acting out that I did—I had sex with so many guys [laughs] before I got my period. Just before my period, I stopped because I didn't want to get pregnant. I was cognizant of that; that came from somewhere, because it certainly didn't come from my mom. I really have always remembered Grandpa talking to me about the human body, because I had to learn it somewhere.

Helen goes on to talk about her parents' lack of openness about sexuality.

> And I was young, and when I was growing up, at thirteen you didn't know about things about sex; you didn't. Parents didn't talk about sex. The way my mom told me about my period was handing me a book that—two books. One of them was *How to Tell Your Daughter*; the other one is *What's Happening to Me?* or something like that. And the one, *How to Tell Your Daughter*, the first thing it says is, "Don't hand her a book and expect her to understand." [laughs] I don't think my

> mom opened the book. And she used to call periods "come sick," so you can see the very negative, negative, negative connotations in our house.
>
> So sex in our house just wasn't talked about at all, so it's amazing that I learned anything, and that's why I know I learned that from somewhere else, because it certainly didn't come from my mom. My mom and my dad were married thirty-three years when Dad died, and my mom had never seen him naked, so—and I don't ever recall seeing my dad's bare legs, or bare chest, because he always wore a T-shirt….My mom, until she got really sick with her MS, the most I ever remember is my mom with her slip on, going to get her dress. But by then she had on her bra and her girdle and her nylons and everything; she was well outfitted underneath there….

Obviously Helen's family was uncomfortable with sexuality and the human body as conveyed in her mother's approach to teaching Helen about sexual maturation. Helen goes on to talk about her mother's awareness of sexual abuse.

> Good touches and bad touches, naw, we didn't get that. Mom would sometimes tell us to stay away from someone, okay? That would be the whole thing. Our next-door-neighbor lady—her sister's husband had been arrested for molesting kids, and so all of a sudden I was told to stay away from him....I'd been up in his plane with him; I have no idea what happened. They might have been too late for all I know.
>
> And then when we would go down to the ravine, we would take the path down rather than the road when we went swimming, and every so often Mom would say, "I want you to take the road, not the path." "Why, Mom?" "Because there's a bad man in the—" And yes, there were, and I met them! And I was raped by them. But I didn't disobey my mom when she said to take the road, you see, so this obviously happened not when we didn't know there was bad guys down there.

Helen's reference to good touches and bad touches as not being taught is normative for the time she grew up (Berrick & Gilber, 1991).

Cynthia

Cynthia's teenage years were marked by issues of depression, abandonment, repression of her sexuality, and further incidents of sexual abuse. With respect to the sexual abuse, Cynthia mentions three; another incident with the school janitor, one with her older brother, and another with a female worker. She goes on to describe the incident with the janitor:

> And there was another incident when I was about Grade 8 where he caught me alone in one part of the school, and he put his arms around me, and he had me just in a vise grip and wouldn't let me go and told me how beautiful I was and how special. And I can just remember being rigid and praying and praying and praying he would let me go. I didn't say a word, and finally he did. On that occasion I went to the principal and told the principal, and apparently he was told to stay away from us. I didn't tell my parents, although I don't think they really would have done anything anyway, but he was fired. I found out later—after recalling these memories, I went to the police and filed a report. They tracked him down—he was still alive; he was in his eighties—and he denied it, of course. They went to the principal, they went to the school board, and the records on him showed that he was fired the same year, but it said very little. He was fired for insubordination; it

> didn't say why. So his denial, his age—the police didn't pursue it. So there was him.

Recall that earlier Cynthia struggled with saying "No" to the janitor, but this time she was able to escape from him. Notice how she disclosed to the school principal, but unfortunately the dismissal records made no reference to Cynthia's disclosure.

The next incident that Cynthia talks about was of her brother's uncontrolled sexual assault following a disagreement.

> The one that I'll talk about happened when I was fourteen....My parents were out of town. They were attending another brother's wedding out of town, and only my youngest brother and I were living at home at that time. My parents didn't want me to stay alone in the house with that brother because he was sixteen and always out; he was a somewhat troubled person. And so they had made arrangements for me to stay overnight at yet another brother's, but he didn't pick me up until around eight or nine o'clock in the evening because he worked late. And then I would go sleep at his home, and then he would drop me off in the morning. I would go to school, come home, etc.
>
> So one evening I was at home. It was just after supper; I was doing some homework. This one brother decided to come over and check up on me or supposedly just—well, check up on me, but in a brotherly way, a positive way, I think. He was married, because he married very young, and he had at least one child by that time. But he became belligerent with me. There were some dishes in the sink, and he started to bully me and said, "Get those dishes done." And I said, "I'm doing my homework first; I'll do the dishes after." He insisted that I do the dishes, and he shoved me towards the sink. I got angry in return and said, "I'll do them *after*," and he started pushing me. He dragged me into the living room and threw me to the floor, forced me down, and forced his penis into my mouth. And when he had accomplished that, he left. So that was an act of rage.

The last incident of sexual abuse occurred at 17 in a work environment. She described it very briefly.

> And then when I was seventeen, I was groped by a female co-worker. I was working for my brother. He had a kind of wilderness camp, and so it was a live-in situation, and we shared a cabin. That happened when I was seventeen.

Cynthia goes on to talk about how she heard of another girl who was incestuously abused. She stated:

> I can remember very vaguely the first time that I heard of incest, and I think I was around fourteen. I was with a friend or a couple of friends, and someone said something about another girl, someone I hardly knew, and someone said that her father had sex with her or something. And I can remember being blatantly shocked by this knowledge. I was very [laughs]—it always seems like *such* a contradiction to say these things; it is—I was so innocent, because everything was dissociated. So I was just so naïve! All of that was dissociated from my awareness....My own sexuality was put away somewhere, I don't know where, and was totally unexpressed.
>
> Ann: Did you ...go through any of the kind of dating with other—
>
> Cynthia: I didn't.
>
> Ann: —boys your age then?
>
> Cynthia: I didn't, not until I was nineteen. So I didn't have the kinds of experiences that my peers had....And when I did begin to have experiences with peers, I was

> very unemotional, very detached, *very* detached, *totally* detached; and I don't even know what changed that, but that didn't change until I met my husband.

Cynthia's only conscious reference to incest or child sexual abuse was in the form of gossip. Her reaction of shock mirrored the dissociation she experienced. Notice how she refers to her sexuality as being "put away somewhere" and was not able to explore this part of her maturation until she was older.

Cynthia goes on to express how her abuse affected her functioning in school.

> …Junior high, things started to get really bad about Grade 8, and I was really not doing well emotionally. And I don't know, I guess schools didn't phone home in those days. By Grade 9—and I guess I can attribute this to the assault by my brother, because that happened in the fall, and I can remember in Grade 9 I wasn't interested in doing anything. I was editor of the school paper, and I used to get out of class, half my classes, to go and type the paper or would do whatever, and I was hardly ever in class. I know I was depressed; I was having trouble sleeping. It wasn't a good time at all.

Cynthia's feelings of being abandoned started when her parents moved from their urban home to a very small farm home, one with no provisions for her privacy. Cynthia describes the situation.

> My dad was sick. He had heart problems, and he couldn't work any more. That was difficult because in those days there wasn't insurance and things like that, so there was quite a lot of tension in the house. He was depressed.
>
> Anyway, they had the land, the farm. What they decided to do—our house in town was not paid off….I think I was the only one left at home. So by high school my dad kind of had lingered on. By the time I was seventeen they had decided to sell the house and build a small house themselves on the farm. This is typical of the way they were: They never sat down with me and said, "We have some decisions to make. We can't afford to live in this city any more." And I was still in school. "Do you want to come out to the farm with us? What are you going to do?" It was kind of a casual—my mom one day said, "So are you coming to the farm with us, or what?" I already knew what their plans for the house was. They were building a very small house, and the bedroom was originally like a sitting room right next to their bedroom. There would be sliding doors between, for a seventeen-year-old, and it was half the size of this room. Did I feel welcome? It was fifteen miles from town, and yes, did I feel like I could go there, that that was an option? No. So basically they abandoned me at seventeen. They left; they sold the house; I ended up moving in with one of my brothers, so I would have been on my own. But that was typical. It was never really, "How are you going to do, dear?" And so while they were building it and I was still living in the house and I sort of had a job selling magazines over the phone—that depended on how many you sold how much money you made, and half the time I didn't have money. A friend had moved in, but I just half the time didn't have money for food. They would come to town once every two weeks or so, and they might give me twenty bucks or something, but they weren't even really supporting me. It was not good. I guess they were doing the best they could; I don't know….I ended up in a really serious depression, and I know my dad actually said at one point that I should see a psychiatrist. And then no one ever followed up on it.

Cynthia's father and mother basically abandoned her at the age of 17 which was followed by a depression.

Lenora

Lenora's adolescence was marked by issues of trying to establish a peer group in a town that largely regarded her family as different. As well adolescence marked the beginning of her indulgence in alcohol; this being a pattern which would continue well into her adult years. As well previous patterns of parentification continued as Lenora assumed responsibility for the care of her siblings and farm chores, except now she began to think of a way to escape this life.

> But my whole focus was [sighs], When the hell am I going to get out of here, and *how* can I get out of here? And I've got to wait until I've got my education; I've got to have an education, or else I'm going to be *stuck* here for the rest of my life. And it was my primary fear that I was going to be stuck there and that I wasn't going to be able to get out....Anyway, I began to make plans at a very early age through accessing the life in the school and therefore seeing other people's lives, or a little bit anyway, in a whole bigger world that was going to be—that *was* my way out. My dad thought that with the high marks, even though they weren't good enough, he thought I should be a teacher, which was the highest, highest job that he could think for anybody. You should either be a nurse or a teacher if you're a girl, right? [laughs] That was his world view, right? And he was not an educated man, Grade 8. But that was part of being Ukrainian.
>
> Anyway, I started figuring out how I could get out, and the only way that I could figure out that I had access to was through good grades, and also it felt good to get good grades because I got accolades, I got praise, and I became friends with the teachers. I didn't have friends amongst my fellow classmates. I think they probably recognized that I was different, and kids in a school system, when they recognize that one kid is in some way different, they *pick*, and I got severely picked on, and I don't remember having friends in the school system, not until I was in Grade 10. I had one or two, and then they broke my heart, and that was for a little while, but it was mostly, I was the kid who—or at least I *feel* like I was the kid who was systematically picked on, systematically the whole everything. And everybody in the community [sighs] knew that there was something wrong with our family, and so either avoided us or laughed at us or pointed fingers at us, and that was including my father and my brother and myself, for sure. I think my mother took on the martyr role, because she got accolades for that. But even today, going back to that community, I can still see in some people's eyes what they think of me. And I don't have time or energy, nor do I care that much about small-town politics, but it's kind of tough.

Lenora goes on to talk about the lack of support or help she felt from her community, Catholic Church, and health care professionals who were affiliated with her mother's care.

> But I don't think that they knew exactly what was going on, but they knew that there was trouble, *real* bad trouble, and their whole thing was to shut up and stay out, right? Keep out of their way, they're crazy, or *something*. Exactly what I don't know. So there was no support from the community that was in the school, which was not primarily Ukrainian; it was a lot of us, but primarily it was quite a good mix, although everybody was White. From the church, probably about the same

> thing. So there was just nowhere to access help except for these social workers, and they didn't give any. I call them *social workers*, but I think there was at least one psychiatric nurse, maybe two. Anyway, they were all from the mental hospital, and so they were supposed to be professionals. They *were* professionals. Obviously, they could give out valium, but they could not, did not, were afraid to—I don't know—intervene on my behalf. They intervened on my *Mom's* behalf in a way that I disagree with, but nevertheless they tried, but they didn't do a damn thing for me. And, of course, I wasn't old enough to talk for myself. Who listens to a kid, right? So there's that portion.

One of the most heart wrenching things Lenora talked about was going out to search for her depressed and suicidal mother.

> Okay. So this takes me up to probably the time that I'm about fifteen, okay? Basically the same kind of life. The beatings continue, the abuse continues, Mom is suicidal; that's another part of it, yes. For several years she was actively suicidal, or Dad said she was suicidal or something. She was right out to lunch though; she was just not good. [sighs] And she would stare off into space for hours of time and smoke, and when she was in this one particular position sitting, I would know that she was not in a good space and that life was not good.
>
> I was sent to hunt for her body many times when she went for a walk, and I was told to look down the wells; I was told to check the barns—oh!—to see if she was hanging [cries] or dead. I was told, and I did. But it took every ounce of courage that I had. [cries]…I still think that that was cruel and inhumane for my father to make me go look for her like that, but anyway, that's part of the responsibility (still crying), the only responsibility that I have, because that was just the way it was. [cries] But it was hard; it was very hard….

Lenora's socialization with peers began once she started to drink alcohol.

> By the time I was sixteen, on my sixteenth birthday I found a few people in school that I sort of thought were kind of okay, and I invited them to my house. Cleaned the house top to bottom, etc., etc., and had my first party. I blacked out the first time that night and had fun and made friends the first time that night. It was probably the first night that I drank really, and that was definitely the first night that I drank alcoholically. And so came a period of leading two lives, with two personas: the A student in school and the drunk away from town, where nobody could see me, and again hiding this, right? on Friday nights.
>
> And I had to get a boyfriend because I didn't have any money, and I couldn't get off the farm, so with a boyfriend I was allowed to—so I began dating a teacher who's also a drunk, who *was* a drunk—maybe I was; I don't know. But anyway, we drank together and began having sex with this teacher immediately, but there was no problem with that because I had been doing this for years and years and years and years on end.

Lenora was able to access birth control pills and avoid any risk of pregnancy.

> Somewhere along the way when I was thirteen, fourteen, I decided I'd better go to town and get some birth control pills, because I realized that I could become pregnant, and I didn't want to become pregnant because my father would kill me if I was pregnant. So I did get some, and then came the very difficult task of trying to hide them from a family in which there was five of us kids plus two parents and three little inquisitive girls [laughs] who were absolutely into absolutely everything

> and would have either swallowed a whole bunch, thinking they were candies, or shown them to Mom. So that was a *really* difficult problem, but I was able to do that until they caught me when I was eighteen.

Lenora explains how alcohol assisted her in coping with the sexual abuse, but this became a thirteen year addiction.

> But alcoholism did hit. From the time that I was sixteen to the time that I was then thirty—twenty-nine, almost thirty—I drank. I drank every Friday night, or almost every Friday night, or every Friday night that I can remember, and of course I don't remember a whole lot [laughs] because I blacked out almost every time I drank. But I drank pretty much every Friday, and I have a whole *huge* long alcohol story as a result of it. A lot of it's got to do with the sexual abuse; a lot of it's got to do with the physical abuse, lack of self-esteem, overresponsibility, na-na-na-na-na, and the fact that alcohol was a method of coping.

Lenora's coping pattern, namely through alcohol addiction is not unusual. In fact, among individuals seeking inpatient treatment of substance abuse, three quarters of adult women admitted to being sexually abused as children (Rohsenow, Corbett & Devine, 1988).

Sache

Sache's adolescence was a difficult period as she struggled to understand the cause of her promiscuity. She commented:

> And if I look back on all the things that you study, it was classic. There was the promiscuity in high school—through my whole adolescence really, because the only type of intimacy I knew was sexual, that I didn't particularly like.

When she was 15, she ran away from home and was caught by a police officer. She describes the situation.

> It was actually weird, because I had run away to a friend's house, and this lady police officer came and picked me up there. I didn't like her, and she didn't like me, and she said something about, "Oh, what's this with Hugh McDonald?" He was older than me. "What's this guy? Is he your pimp?" And I said, "Yes, that's it, he's my pimp."… That police officer, which [laughs]—and some bad karma must have happened to that lady in her life, because she came and she took me and she had a predisposed judgment call. And when she took me to the police station, she wouldn't even let me get dressed. I went downtown in a little see-through, cheeseclothy top thing with my underwear shining through, and she just pissed me off from the get-go and just challenged me and challenged me. She thought I was bad, and it was good cop, bad cop; and she was the bad cop, and she was mean. She took me to my father's house, and I could see the hurt in my father's eyes, and she said, "We have to take her away into YDC" and said, "You've got another daughter that you have to think about, and you shouldn't have this girl in your house. You've got to think about your other daughter, so we're going to charge her and protect your other daughter from her." So she just took the screws and just made me feel that, yes, I was a bad person; that's why I was doing this, especially with the Catholic-girl thing in you. You're bad, you're evil, there's the devil in you, and you don't even know why.

Sache's previous reference to "YDC" stands for the Youth Detention Center. In the following section she describes being charged under the Juvenile Delinquency Act with sexual immorality.

> So they charged me with sexual immorality. My parents, God help them, had to go through that. I had a real estate lawyer, their real estate lawyer, and he said, "Plead guilty," so I pled guilty to being sexually immoral, because I guess there is actually a charge—was back then on the books—that you could charge a female who was under eighteen, I guess, if you liked it or if you said it was okay, they could charge you with being immoral. So as a result of that, I got stuck in the General in the psych ward for about six weeks, and I can remember looking forward to the sodium pentathol because I thought, Okay, the truth serum. They're going to be able to get me to open up, because that part of me was closed even to me. I didn't have access to that something inside that I knew was there, but I didn't know where it came from. And nothing came out. I was so disappointed when I heard the tape, because I realized just how closed you could really be internally—because I was hoping to get some big revelation when I heard the tape, and there was absolutely nothing on there that I wouldn't have said without being under the sodium pentathol….I didn't know what made me behave like I did. I just didn't know where it came from.

When Sache was 15, the year would have been 1972. This was a period when psychiatric services were being expanded from institutional settings such as Alberta Hospital Edmonton and Alberta Hospital Ponoka due to a directive issued from the Canadian Psychiatric Association. More specifically, in 1962, the directive called for general hospitals over 200 beds to establish in-patient psychiatric treatments services (McKerracher & Smith, 1964). In the late 60s Edmonton opened the Misericordia psychiatric unit followed by the Edmonton General Hospital in the early 70s. Eleanor Grant was instrumental in setting up both of these units (Grant, E, Personal Communication, December 23, 2005; Ward-Jack & Howatt, 2004).

Even at this point societal awareness of child sexual abuse was just beginning through consciousness raising rallies organized by feminists (Rush, 1974). The first issues addressed by researchers were of its prevalence and incidence (Finkelhor & Hotaling, 1984; Mrazek, Lynch & Bentovim, 1983; Russell, 1983; Swift, 1977). Soon thereafter issues of its effects (Bagley & McDonald, 1984; Murphy et al, 1988) and myths such as victims' culpability were addressed (Broussard & Wagner, 1988; Johnson, Owens, Dewey &Eisenberg, 1990; Summit, 1983). Knowledge of treatment or comfort levels of psychiatric health care professionals working with survivors of child sexual abuse lagged behind (Gallop, Engels, Dinunzio, & Napravnik, 1999; Gallop, McKay, Guba, & Khan 1999; McCay, et al., 1997). So it is not surprising that Sache's promiscuity, internalized self-blame and self-degradation would not have cued health professionals working in psychiatry to question her about child sexual abuse.

Sache's school experiences also reinforced her sense of being bad.

> …I can remember a teacher grabbing my tit after class. I'm trying to figure out why I'm not getting remedial help for math. Lots of teachers used to do that. They'd sit on the desk, and they're down, and their hand's right here, so they can grab a feel, and they're breathing, and it's like, No, I'm not coming after class.

While attending a Catholic school, Sache remembered being ridiculed by a nun about the way she was dressed. She describes the humiliating moment.

> No, she was actually a nun that was in—oh, she was a bitch [laughs], just a bitch, and she took me in front of the class, in front of my friends, and said, "This is how you don't dress." And then my best friends, the Keller twins, whose mom still

> dressed them in little gingham dresses, and didn't have breasts yet [laughs], she said, "This is how nice girls dress." So yes, I had it in for her.

Her experiences of being revictimization not only included teachers, but also an employee of a department store.

> I can remember getting caught shoplifting and the guy trying to do something to me in the back room, and he's like, "I'm going to phone your mother." And I said, "I'll tell you what. I'll be here tomorrow with the money, you don't phone my mother, and I won't tell my mother you tried grabbing my breast." And I got off the shoplifting, but the fact that [laughs], the fact that he grabbed my breast was nothing. It was like, Okay, that's just going to get me out of being in trouble for shoplifting.

Sache's experiences through adolescence were indeed marked with repeated incidences of sexual abuse and of negative sanctions being applied to her behavior, only reinforcing the sense of being a bad person. She commented many times through out the interviews that she felt "bad".

> No, it just kind of worked out that way. I ran away and kept getting into trouble, abused drugs, alcohol, sex, anything. I had some pretty self-destructive behavior for a long period of time, and I could never understand why or where it came from, because it's always like you have this feeling like you're the bad girl, and in a way you do create all these things that I'm just working on now. You create this stuff around you; because that's all you've ever known.

Like Sabrina, Angela, Helen, Cynthia, Lenora, and Erin it took many years for Sache to understand her life and patterns of behavior.

Rolande

Rolande's adolescence was a continuation of her childhood. She continued to live in a group home and a series of foster homes where she was sexually abused. She described her experiences as follows:

> So when I was about thirteen years old, after having lived in the group home, I was still a virgin, okay? I was never penetrated, but there were a lot of other things that we did: a lot of oral sex and a lot of masturbation and stuff like that. But I was already very sexualized. And living in this group home, there were a lot of boys there, and so there was a lot of sex stuff going on. I remember there was this—he was a minister anyways, and he loved to hug me; he'd hug me all the time….And not even knowing that when you're young, I just thought that he really liked me and just liked to hug me every two minutes. [laughs]…And I lived in other foster homes where I had been sexually abused by the foster father or the foster sons.

After living in the group home for awhile, she moved back to the North to a foster home. She describes being raped on her way home by a guy.

> When I was thirteen years old I moved back [North] because the group home that I was staying at, it was too much money for me to stay there; they were paying a hundred bucks a day, and so I had to leave from there….I lived with this one foster family, and they were okay at the time. Then what happened was that I was walking home, and this guy stopped and asked me if I wanted a ride. I looked in the car and there was four other guys, and I said "No." I said, "I'll just walk home." And so I walked home. And so he came back the second time, and then he seen me. I was still walking, so he stopped and he says, "Are you sure you don't want a ride home?" I looked in the car and he was by himself, so I thought, Okay, fine, I'll go.

> So he gives me a ride, and so [sighs]—and he says, "We just have to go up the road here just a little bit." He says, "My grandmother lives there, and I've got to drop off something over there."…I thought, Oh, should I go or shouldn't I? And I thought, Well, okay; and he stopped the car and he raped me. I remember when he punched me in the head I seen stars, and he did what he needed to do and stuff like that, and so he just threw me out of the car after. And so I'm walking back and I'm just—and so they're worried about me, and they're the police and stuff like that because I'm not home yet. So when I got home they seen my shirt is ripped open and my pants are—and I'm bleeding because he threw me out of the car. So anyways, and so they're asking me these fifty-two questions: "How come you didn't stop at the nearest house to call? Why didn't you do this, and why didn't you do that?" And I'm going, "I don't know, I don't know. I just kept walking." So the first question the detective asked me was, "Did you get in the car by yourself?" And I knew—right there that, yes, I got in the car. But I didn't tell him that; I lied about it. And so the detective and the doctor, they checked me out, and "Yes, she was still a virgin," and this and that.
>
> And so I ended up going back to the foster home, and my foster dad—he was a big, big man; he must have weighed three hundred and fifty pounds—and I remember him pushing me with his belly, just pushing me and saying, "So did you like it? Is that what you wanted? Did you like it?"…So I wrote in this diary, and in my diary that's what I wrote, that I did get in the car, that I got in the car. And so they opened up my diary and they read it, and so they gave it to the police that I got in the car, right? So when I went to court, the judge gave him, I think it was two years less a day, two years less a day, or even it was less than that. And I couldn't go into the courtroom because I was underage, I was only thirteen, and I couldn't go into the courtroom. And so they said that because I got in the car, there'd be no charges, but there'd be charges for assault, but not rape—because I got in the car. And so he said things like, oh, I told him that I wash myself and how I wash myself and how I—and he just went in—and I couldn't believe they believed all that, they believed all this. So anyways, and that's what he got: He got away with assault…..I never reported another rape. I never reported another rape; I never—because I just thought, "If that's the system, forget it".

Rolande description of the police investigation and court trial exemplified several conditions that needed to be satisfied prior to securing a rape conviction. As she mentioned the police asked her why she didn't go to the nearest house and report it immediately. Any delay in reporting was considered evidence that the charges were fabricated. Asking Rolande if she willingly went into the car would have been considered evidence that she consented as rape was defined as a male person who has sexual intercourse with female person who is not his wife, without her consent (Boyle, 1984). A physician also had to examine the victim as to determine if there was evidence of penetration as otherwise this was not considered rape. In addition, a physician would have wanted to know if she was a virgin, as an unchaste woman/youth was considered likely to fabricate charges of rape.

Later at the age of fourteen, Rolande decided to leave her foster home and go to a larger urban center. She supported herself through prostitution.

> So later on in my life when I was about fourteen, I finally left. I met this guy, and he wanted me to run away with him, and he was older than me, and I said "Sure." So I ended up leaving and going to [the city] and the merry-go-round. It didn't stop there; it just went on and on.

Rolande talked about her decision of how to handle her sexuality and activity.

> So I think from the age of three this has been happening, till I left when I was fourteen, and then I started making decisions of when I wanted to have sex and how I was going to have it and who I was going to satisfy and who I was not going to satisfy. So that part of me was very—I knew exactly how to play that role, and I played it. And there were times in my life where I just had sex for having sex, and I didn't know sometimes I was even having sex.

She also described how she started to defend herself against other rapes and method of coping.

> When I was about fifteen I was living in [a large Canadian city], and we were drinking, and I remember getting up and there was this guy on top of me, and he had my pants down. I just flipped him over, punched him in the face [laughs] four or five times....I said, "You do that to me one more time," I said, "I'll kill you, you hear me?" And so [laughs] I pulled up my pants, got back on the couch and rolled up, and I went back to sleep. [laughs] Woke up next morning and this guy, Bill, he had a big shiner. [laughs] So Rick goes, "What happened to you, man?" He goes, "I bumped my head on the coffee table." [laughs]...So yes, I had to learn to, yes, take care of myself, protect myself. I've done things though for drugs and alcohol, and it was something that—I don't know—you learn it. You do it, and especially when you're young and they call you a slut. You just decide, You know what? This is what I am; this is what I'll be.

Rolande took on the stereotype that was associated with being sexually victimized and this became part of her identity for a number of years.

Analysis

As we saw in Sache's oral history, she was charged with sexual immorality in 1972 under the Juvenile Delinquent Act (JDA). Historically, this act was included in the Canadian Criminal Code in 1908 (Hogeveen, 2001; Statutes of Canada, 1908). Due to the reform movement of Kelso's Children's Aid Society of Ontario and American legislation on juvenile delinquents, legislation focused on normalizing the behavior of erring youth. The creation of the JDA provided for establishment of a web of services that could provide surveillance, control mechanisms and normalization of delinquents' behavior beyond walls of prisons or institutions. Prior to 1867, youth over the age of 7 were treated as adult offenders and the focus was largely punitive not rehabilitative (Hogeveen, 2001). The 1908 legislation defined a juvenile delinquent as a child that violated the Criminal Code of 1906 or any provincial statute, or any municipal law. The juvenile delinquent was then subject to fine, imprisonment or could be sent to an industrial school or reformatory (Statutes of Canada, 1908). The law went on to define probation officers, juvenile court, procedures for arresting youth, ban on publication, detention homes, guardianship and procedures on how juvenile delinquents could be handled.

The first law of 1908 did not refer to sexual immorality, but this aspect was added in the 1927 revised statutes (Revised Statutes of Canada, 1927). In chapter 108, under section 2(g) of the 1927 Revised Statutes, the definition of a juvenile delinquent was thus broadened to include sexuality immorality or other forms of vices. As well, the age of child was amended to 18 years of age (Revised Statutes of Canada, 1927). Under the 1970 Revised Statutes, the JDA defined a child as under the age of 16 or as another age as defined in any province and continued to define a juvenile delinquent as someone who violated the Criminal Code or provincial statutes or was guilty of sexuality immorality.

In 1970, 412 youth were charged with immorality across Canada. Among the 412 youth, 58% of these were females. Ninety eight percent of the youth charged with immorality were between the ages of 13 to 17. Among 412 youth, 9 were from Alberta. The majority of charges originated from Quebec, where 352 youth were charged with immorality (Statistics Canada, 1973). In 1960, 258 Canadian youth were found guilty of immorality (Statistics Canada, 1962a). For the year 1980, 98 girls were charged with immorality, vice, or soliciting (which constituted 1.24% of all charges laid against girls). It would seem that percentage of girls being charged with immorality has remained fairly stable. In 1984, when the Youth Offender Act was enacted, 198 girls were similarly charged (which constituted 90% of all charges laid against girls) (Reitsma-Street, 2001).

With respect to Sache, as reported in the oral history, the court ordered her to receive treatment in the Edmonton General adult in-patient psychiatric unit. She wanted to understand her behavior (substance abuse and promiscuity) and looked forward to the sodium pentathol injection. Unfortunately, treatment did not address these issues as Sache did not gain insight and being charged with immorality only reinforced her sense of being bad.

Societal awareness of physical and sexual child abuse started late in the nineteenth century, in the wave of the child saving movements that occurred in Europe and North America (Bullen, 1991; Hogeveen, 2001). With respect to current medical understanding of child abuse, medical attention was first directed towards physical abuse. In 1946, an American pediatric radiologist, John Caffey published finding subdural hematomas and multiple fractures among six infants and small children. He surmised that the findings were due to trauma (Vesterdal, 1972). In 1962, Kempe and his colleagues conducted a national survey of 71 American hospitals and found that many hospitals were not collecting sufficient medical evidence in order to charge parents or guardians with physical child abuse. He coined the phrase battered child syndrome as it referred to the trauma resulting from physical abuse (Kempe, Silverman, Steele, Droegemueller & Silver, 1962). Following Kempe's and his colleagues' publication, articles and medical awareness of child physical abuse and neglect burgeoned during the 60s and 70s (Annales Nestle, 1972; Krams & Van Stolk, 1976). Specialized medical units started to investigate and treat physical abuse and neglect. Among the first was the Children's Hospital of Winnipeg (McRae, Ferguson & Lederman, 1973). Initially, the hospital recorded seeing 132 battered infants and children from 1957 to 1971 in the Out-Patient Department and Casualty Service. From 1957 to the early part of 1970, the hospital recorded seeing 88 children. In 1970 and 1971, the hospital recorded seeing 44 infants and children; an increase which they accounted for by becoming sensitive to child abuse and utilizing investigatory methods. The authors advocated management by developing experienced medical and social work personnel, education of health and social service professionals, follow-up surveillance, and collection of medical evidence as a basis to maintain a position of its occurrence. Initially just a few Canadian hospitals developed programs for physical abuse during the 1960s. However by the end of the 70s, the number of hospitals with programs increased to nearly two dozen. Most hospitals initially developed programs similar to Children's Hospital of Winnipeg, but later went on to form specialized teams and committees as in the following example. The Janeway Child Health Centre in St. John's developed the Child Protection Team in 1974 as to address suspected cases of child abuse. Their approach consisted of utilizing a social worker, two physicians, the Director of Ambulatory Services and a representative from Social Services (Committee on Sexual Offences Against Children and Youth, 1984).

Child sexual abuse programs developed primarily within existing child abuse programs at hospitals as the number of cases seen were quite low. Later by the end of the 70s, many treatment teams had been created to assess suspected cases of child sexual abuse, report suspected cases, prepare recommendations for treatment, provide testimony to courts, and provide ongoing training in child sexual abuse. For example services included the Alberta's Children's Hospital in Calgary. Despite, the development of pediatric services for the detection of child abuse, services for adult in-patient treatment lagged behind.

With respect to Rolande and the rape she had to endure in 1971, the Canadian Criminal Code of 1960 defined rape as an act of sexual intercourse committed by a male who is not a husband to the female. Furthermore, it was only rape if the female did not consent. If she consented the consent had to be exhorted through threats of physical harm, the male personating her husband or obtained through false representations of the act in order to be considered rape. Males were found to be guilty of rape were subject to life imprisonment and a whipping (Ryan, 1964).

This law was interpreted in a specific way. First, sexual intercourse consisted of vaginal penetration and the past requirement for of the emission of seed was not required. Secondly, a male was defined as at least fourteen years; whereas a female could be of any age provided that it took place without her consent even though there was the law of carnal knowledge of a female under fourteen. If consent could not be proven, a lesser charge, such as indecent or common assault was considered. As well, the victim of rape could be cross-examined as to her chastity. Torn clothing could be used as evidence in a rape, but the victim had to file a complaint at the first opportunity. The law did not define what was considered reasonable as this was determined by the circumstances of each case. For some cases 2 days was considered excessive; whereas for others it might not be unreasonable for 2 weeks to pass and this would be not unreasonable (Ryan, 1964).

As per Rolande's history, she described the accused as lying and debasing her character. So she would have been seen as unchaste by the court. In addition, she was defined as consenting since she willingly went into the car. Despite the fact that her clothing was torn, she was bleeding, and physical evidence showed that she was penetrated; the accused was convicted of assault, a lesser charge.

With respect to societal infrastructures that existed during the women's adolescence, and as was noted by a number of women, there were no educative or prevention programs on child sexual abuse. Information was difficult to locate as it was largely accessible to health professionals and few resources existed. Television or radio media did not make reference to child sexual abuse. What was in the media came from fictional literature such as Lolita by Vladimir Nabovok or from psychiatric literature. With respect to Lolita, the book was first published in Paris in 1955, and subsequently in the USA in 1958. The novel is about Humbert's obsession with a pubescent 12 year old girl named Lolita. After Humbert marries Lolita's mother (Charlotte Haze) on the pretense of loving her, Haze dies in a car accident leaving Lolita vulnerable to Humbert's sexual passion. Humbert begins to have a sexual relationship with Lolita who then runs away with a playwright. Lolita ends up dying at an early age in childbirth. Lolita is now synonymous with slang language that refers to a young seductive adolescent, one that is not generally at the age of consent (Wikipedia, the Free Encyclopedia, 2006).

Another fictional novel is Tess of the d'Urbervilles written by Thomas Hardy in 1891. It is a tragic story of Tess Durbeyfield, the daughter of a poor farmer. Her father, John Durbeyfield finds out he is related to the rich d'Urbervilles and sends Tess off to the d'Urbervilles to make her fortune. She is employed there tending to chickens. Alec d'Urberville finds Tess attractive and ravishes her in the woods. Tess becomes pregnant and despondent as she didn't love him and thought Alec was related her. She returns back home and gives birth to her baby, Sorrow, who soon dies. After returning to work on a dairy farm, she meets and marries Angel Clare. Confessing the birth of her illegitimate baby to her newly wed husband, she is rejected and abandoned as he is unable to forgive her. Once again, Tess returns back to her home, only this time to find her mother sick. Tess becomes the sole provider for the family and returns back to Alec. The story ends very tragically after Tess's husband returns and finds her with Alec. Desperately, Tess murders Alec and flees after Angel. In the final scene, after Tess has been apprehended, she is imprisoned and executed (SparkNotes). One of the most notable lines from the Roman Polanski 1979 film of this novel was uttered by Tess after she became pregnant and is "Once a victim always a victim". This line captures the essence of Tess' life.

From the review of later nineteenth and first half of the twentieth century psychiatric literature and books, two stereotypes are associated with sexually abused children or adolescences. These are of the victim and the other is of the promiscuous pubescent girl. The promiscuous girl is a theme referred to by Bloch (1908), Freud (1962) and Moll (1929). Generally, all believed that girls became sexually active due to a spontaneous sexual drive arising prematurely. Such girls were destined for prostitution as they displayed what it was like to primitive and perverse. Psychiatric literature written as case studies of sexually active children, displayed the same bias towards the children (Bender & Blau, 1937; Sloane & Karpinski; 1942; Weiss, Rogers, Darwin, and Dutton, 1955). Children were described as brazen, incorrigible (Bender & Blau, 1937), fantasying incest (Yorukoglu & Kemph, 1966), seductive, compliant (Sloane & Karpinski, 1942), accidental victims and participatory victims (Weiss, Rogers, Darwin, and Dutton, 1955).

With a doubt, many women described periods of time where they were promiscuous. Out of the nine women three did not mention any period of promiscuity in their childhood or adolescence. Of the six women who did, most of their references to these periods were in the context of not understanding why they were behaving as they were. They did not name their promiscuity in the sense that Freud, Moll, Bloch, or early investigators implied. Freud, Moll, Bloch's statements described precocious sexually active children as examples of the primitive drive that could be witnessed in prostitutes or lower class people. These were character statements and such children were destined for prostitution. Rather the six women's descriptions were said in the sense of how disrupting and harmful the incest was to them. Rolande was an exception, in that she was treated like a "slut" and called this. She took on this role empowering herself to control who and when she had sex with. However, unlike Freud's, Moll's, and Bloch's character assignations of sexually abused children, Rolande does not stay in this type cast all her life.

Adult Years

In the midst of contending with adult tasks such as establishing a career and intimate relationships some continued to experience abuse. For some the abuse stopped in adolescence, but there were women who continued to have many incidences in their adult years. As well, there were long term effects to deal with as many childhoods' were traumatic, comprised not just of sexual seductions, but of cruel and torturous events that women continued to bear in their adult years. Women emotionally understood the experience as a loss that affected virtually every aspect of their lives. Not understanding their behaviors or interpersonal patterns in relationships was a constant theme many women expressed. This chapter discusses two aspects of their adult lives, which are how the abuse ended and the impact of child sexual abuse on their relationships and emotional and physical well being.

When the Abuse Stopped

When one thinks of childhood sexual abuse, the image that comes to mind is of vulnerable children not able to defend themselves against perpetrators who are often trusted family members. To grow up in homes where boundaries are so profoundly violated creates a point of reference. It is a minus reference point, as youth grow up without role competencies that are taken for granted by those fortunate enough to grow up in families without these violations. Understanding this reference point puts their continued abuse in context. For five women, who were Sabrina, Caroline, Helen, Lenora and Sache the sexual abuse continued in adulthood. Their perpetrators were the same family members who sexually abused them during their childhoods.

Sabrina's stepfather raped her one night as she slept downstairs in her parent's home. She stated:

> I finished my [training], and I worked. I remember being at home for a short time, and my sister and her husband were living downstairs. My mother was working nights, and I happened to be sleeping in the front room. That time my father came in, my stepfather came in, and he raped me, abused me again. Even with me fighting him off, I couldn't, and a result of that, I got pregnant again….It was devastating. And I didn't believe in abortions; I didn't believe in abortions. That's why I didn't have an abortion with my daughter. I had this second baby. At that time I had just met my future husband, and I had a son who I've never seen to this day. Because of the reason of the way he was conceived, I gave him up for adoption. It's just like—let's put it this way: I may have carried him, but I denied that he was there. That was my only way of surviving as to what happened to me. I told my stepfather, and he said, "No way." He says, "That's you being promiscuous," and he blamed me….

For many young adults, there are periods where they return home prior to making the transition to being independent. For Sabrina, her home was not a safe place. She even tried to defend herself against her stepfather, who ignored her protests. The abuse ended only after she moved out and was able to deny her stepfather's entry. She depicted what her life was like following the rape:

> I didn't see my family for close to two years. I chose not to at that time….Didn't want to have anything to do with them, and that was fine with me….And during the times that I was living away, living with roommates and that, my stepfather came

> to where I was living, and I knew what he wanted, and I sent him away. I told him, "I don't want to have anything to do with you." And he figured he could carry this on!

It is hard to image, but Sabrina's stepfather tried to find a way into her home after she was married. She stated:

> We'd already been married for two-and-a-half years. We bought our first home. No, we were married—oh! Anyway, the boys were—the oldest one was two-and-a-half years old, so we were married about five years. My stepfather came to the house—my husband was working nights—and he wanted to come in…I told him he was not welcome in my house when my husband was not home. That was fine. [My stepfather] never did ever come to my house. I stood up for myself. My children were at home, my husband was at work; there was no way in hell he was coming in my house.

Sabrina's determination to stop her stepfather was steadfast.

For Caroline, the same brother-in-law who sexually assaulted her as child attempted to sexually assault her again as a young adult. She was able to defend herself against him.

> Yes. I remember my brother-in-law even. I was about twenty-one or twenty-two, and I started working for him as a secretary. He had a real estate company. And he is still pulling the same stunt. I still can see him one day talking to me, all this crap and unbuckling his belt of his pants at work, and I'm just saying, "Like, get real! I'm not thirteen any more. Take another step, I'll kick you in the balls."…That's the way it goes. So he backed off….But I wasn't thirteen any more….Oh, and to me he just looked like this tiny little bug undoing his pants. I'm thinking, "Who do you think you are? Now I can squash you." [laughs]

Luckily, Caroline did not feel any sense of responsibility for the previous sexual assaults and was able to choose in this instance to defend herself. She commented on this choice:

> That was the moment I still remember. I had never really felt ashamed of myself, but I had always felt ashamed of the situation. And then that day that my brother-in-law stood in front of me in the office and started unbuttoning his belt is just a light bulb. "Buddy! *You* should be ashamed! *I* should have nothing. All of you guys should always have been ashamed from the beginning, and I never should have felt a second's worth of worry." It was a real light-bulb moment.
>
> Ann: So it was in that situation with him in the office, taking his belt off, that that's when it came to you?
>
> Caroline: Yes, yes. Just, it was like that first minute of panic where I think, How do I handle this? What am I going to do? And then, "Hold on here, buddy. If you want to take that belt off, you'd better be prepared to shove it up your ass [laughs] because—" And that's just the way I felt. That's when I get a whole big feeling of power and realized, You're in your twenties, [Caroline]. You're not helpless. And he's not going to make you feel helpless. That's his goal; that's where he's going….This is the first time this situation I have encountered as an adult, this kind of situation, the very first time as an adult. I'm not going to deal with it the way I did before and close my eyes and pretend it wasn't happening and hoping he'd go away soon. I'm not doing that any more. I'm an adult, and here's my time to strike back. [laughs]

Caroline's relinquishment of blame occurred within this situation where she encountered her brother-in-law. Her understanding of sexual abuse shifted as she viewed his behavior as shameful. At the same time she was able to shift her self understanding as being capable or as being able to exert power in this situation. Thus the dynamics of sexual abuse changed for Caroline in this one encounter.

With respect to Helen, the end of father-daughter incest occurred when she left home at 17. Despite this, when she was in her thirties, the same uncle who raped her as a preschooler, gave her an inappropriate goodbye kiss.

> The last incident of anything like that was—I'm trying to remember how old I was—I was quite old, actually. It would have been in 1989, and I was at the coast; that's where he [my uncle] lived. We'd been over to his son's for dinner, and my aunt and uncle were leaving the next day, so it was the last time I would be seeing them. I was saying goodbye to them; I wouldn't be seeing them again before I went home. He kissed me with a very un-uncle-like kiss, and it just—I was there because I'd been in the hospital on a suicide attempt, and that just blew me away. I just was wrecked. I went to the hospital where my other aunt lived so I could talk with somebody, because I didn't know what to do; this was so horrible. And I had remembered his abuse already: no, yes, no—no, I hadn't remember[ed] *any* abuse then in '89. But it was wrong, and it really made me feel sick to my stomach, and it made me hurt. That kiss made me hurt. It was like he—it was a body memory, but I didn't know that at the time….

Her uncle's kiss not only wounded her again, but it also triggered body memories of the abuse.

Lenora's brother continued to sexually abuse her until she sobered up at the age of twenty nine or thirty. She stated:

> Unfortunately, my brother was still [sighs], he was part of the abuse even then. He had this boyfriend figured out; he figured out how to get this boyfriend snaked into what was going on, and it became [sighs] kind of like, although this makes me sick to tell you—it became kind of like these group orgies, which at that time there was the swingin' whatever it was, the swingin' 70s, and so that was, as far as *I* knew, what was going on….So the sexual abuse continued on. Was it abuse? And this is me now talking. I don't know. But yes, it was, because I had no choice in the whole thing really because I had been brainwashed at such an early age, and it had been consistent. Now, exactly who's to blame here? [puffs] The sky's the limit; I don't know….But the abuse stopped when I sobered up. I then began saying "Absolutely not" and pushing hands away and slapping hands and whatever. "Just get away from me." So I stopped it when I sobered up, but not before. I was powerless until then.

Lenora was revolted by the sexual abuse, but her brother obviously had found ways to incorporate the abuse in her relationships both with her boyfriends and later with her husband.

After Sache graduated from high school she was determined to act like a "good girl" as she stopped abusing drugs. Moving back overseas, she stayed with her grandparents and uncle. Unfortunately during her stay, two uncles and cousins sexually abused her.

> When my uncle was—it was so bizarre, because Mom had left me there, and I was staying at my grandparents', and my uncle lived in the back room. So they stuck us in the same room, me in the back and him in the front. The day my mother left she said, "Watch out for Uncle [Fred]," and I thought, "That's a weird thing to say,

> Mother." And the very next day or maybe two days later after she left, it happened. He came in, and he was kind of making passes; I was ironing. My grandparents were napping, and I didn't know anything about old people. I thought if they got upset, they died. I didn't know a *thing* about old people. So I'm living there, and—[laughs]...So I'm living there, and then he comes in and he follows me in the bedroom and he does his thing, and I prayed, I prayed a lot, but I didn't say anything because I thought I'd kill them! I really did! I didn't have a clue. My parents were in Canada; I was across the globe!...So it happened over and over, every night. So after a couple of weeks his fiancée, then-fiancée, had got me a job at the office, and she started to know after two weeks I was a basket case. She called me aside and she said, "What is it? Something seriously wrong? What is it?" This is the man she did eventually marry [laughs], and I told her...And the only way she would believe me is if I went on the bus with her and I told my aunt, his sister. So I went and I told my aunt, and they cursed and cussed, and why did my parents leave me there in the first place? And then I wound up living at my aunt's...But then her husband wound up coming into my room late at night, and so did a couple of my first cousins. So I don't know; like I said, maybe they have—can't even say they had a website back then, because that was *way* back before all that technology, so I don't know. But it just made me—think, Okay, there's something about me; there's something about me. Maybe it *was* because I was alone and I was easy to pick on. But it just made it—and this was my new start; this was after I got out of sexual immorality, graduated school, and I was going to be this nice girl, and I was going to make my parents proud, and I was going to be this great person in front of the family. And then of course the first thing that happens is that I'm raped by my uncle. So then, yes, that was it after that, because in my mind I was going to be a good girl, no more drugs and all that other stuff. So then I just moved in with the first guy I could find.

Sache's abuse reinforced the sense of being marked or having a character flaw that brought on assaults. It ended as she escaped from her relatives' home by moving in with a guy.

When examining these incidences, Caroline, who relinquished responsibility for her earlier abuse acted efficaciously by actively resisting her uncle, feeling she had nothing to fear from him. Sabrina's rape as an adult was horrifying as her stepfather completely ignored her protests. Her act of resistance was overpowered. She had to physically remove herself from her parents' home in order to thwart his advances. Like Sabrina, Sache needed to move out before the abuse ended.

However, for Lenora the abuse did not end when she left home. It might be hard to imagine how it continued as an adult, but it is understandable given it began early; the extent to which her boundaries were violated and how she was taught by her cousin and brother to accept it. Lenora stopped the abuse once she gained sobriety. For the most part Helen's abuse ended when she left home, with the exception of being caught off guard when her uncle kissed inappropriately. She had not acknowledged the abuse at that point in her life.

Consequences of Sexual Abuse

As might be suspected, there were many consequences that women talked about, not in the sense that they wished to convey irreparable damage, but in the sense that the sexual abuse had been a harrowing traumatic event in their lives. This was a stressor that took part of their lives away, imposed patterns on their relationships and intrapsychic processes, and invaded their physical being

My Life was Robbed

When women talked of its impact or consequences these were not just factual statements, but emotional testimonies of what their life had been like. For example, Angela talked of how the abuse would be with for the rest of her life. She stated:

> The big thing is, it's not fair how the victim has to pay and has to have this as part of his or her life; for the rest of my life I'm going to have this with me.

Helen noted how much pain she continues to feel everyday as a result of the sexual abuse. She stated:

> Andrew sleeps during the day, and I'll lie to him when he gets up and tell him that I was up all day when actually I slept all day. And then I'll say I'm tired and I'll go upstairs and have a nap, because life is too much [cries], and the pain doesn't go away....But I know that so much of it is because I didn't have a life. I was never a child. How can I be a child when at three years old somebody diddles with you and when your mom doesn't even protect you?

She goes on to describe how she doesn't want this pain.

> I'm a survivor. But why does it hurt so much all the time? I don't understand. I want to be a survivor that doesn't hurt any more. Or I don't want to be a survivor; I don't want this to have happened to me. [cries] And it did, but it did too often. I don't understand; I was such a nice kid....

Cynthia talked of about the part of herself that would never heal.

> But it sure explains a lot about the way I've felt all my life: the depression, feeling different, feeling empty inside [pauses], feeling like I don't belong...But I still feel the effects of what's happened to me. I think that there—my therapist in particular, my psychiatrist as well, they want to be positive for you and tell you that, yes, you can heal from this. But deep down in my heart I really feel like there's some things that are never going to heal.

Sache started to cry as she described her life. She stated:

> Forty-five years of my life were totally taken away from me. [cries] And people don't realize that. It's like people just don't get that. It's your whole frickin' life that gets robbed from you when you're abused as a child.

Rolande talked of how empty she felt. She stated:

> When I went down to visit my foster mother—my son was about five years old, maybe four, and I don't know why I went down there. But anyways, I decided to go down there, and I was always looking for something, always looking for something. It was like I could never get filled up. The men that I slept with, the drugs that I took, and it was like this emptiness, that it just seemed like it was dark, it was a beast, and I just could not get rid of it. And there were times in my life where I thought it'd be better for me to kill myself and just kill my son, and that'd be the end of it—which I did attempt, and I did get charged for that, for putting my son in danger. It took me many years to deal with that and be able to forgive myself for putting my son in that situation.

Rolande's reference to her attempt to kill herself and her son was the lowest point in her life. She was able to recover from this and go on to lead a productive life.

These were statements which referred to the amount of pain and suffering that women felt over the course of their lives and even at the time of the interview. As Angela indicated, the sexual abuse occupies a part of her self that will never go away. It is always there.

It Definitely Affected my Relationships Big Time

Not one woman could talk about her life without making reference to how childhood sexual abuse affected their relationships. All experienced physically abusive relationships, emotionally controlling relationships, or alcoholic partners. Some experienced all these qualities in their partners. To their credit women were conscious of its impact on intimate relationships. Despite the devastation of failed relationships and for some serial relationships, many were able to create new patterns either with emotionally nurturing partners or with their children who they nurtured and loved in healthy ways.

Sabrina. Sabrina talked about her husband's alcohol addiction and its impact on her functioning.

> During this time we were first married in those years, my husband liked to drink, but he has developed a drinking problem that really affected our lives. There was a lot of physical abuse towards myself whether he was drinking or not, and my husband ran around on me. I used to think, God, I'm getting punished, punished for everything I did in my life, for all the feelings that I had when my body responded when I didn't want to. I honestly thought that this was God's punishment to me.
>
> So I went to my first Al Anon meeting, and I realized I was not alone; there are other women who were going through the same thing, who went through the same thing, so I had—and believing that God was a punishing God instead of a loving God. Throughout those years they used the program, and my spirituality with my Higher Power, my God, I managed to cope.

Sabrina described a period of separation from her husband and filing for a divorce, but decided to return after not being able to support herself financially. She still remains with him today.

Angela. Angela was married for a period of time, but divorced. She believed child sexual abuse influenced her relationships.

> It definitely affected my relationships big time, and it had a very big influence on my marriage breakup. Definitely had an effect on any intimacy, big time. I realize I dissociated or would do my best to get out of it and kind of not really understand…. A lot of grief, grieving; it's like a grieving process—grieving for healthy relationships. My ex was very domineering and very controlling. It was like I lived with my father, except for the abuse—domineering, controlling.

Angela's reference to dissociating whenever she became intimate is understandable given the horrendous abuse she endured. Despite this she described herself as very protective and loving towards her children. Her protectiveness is exemplified through the following narrative:

> But one incident I do remember is, I was visiting them, and I flew in with the two kids—I was divorced at that time—and they were fairly young. My daughter must have been eight, and that would make my son five. My daughter was sleeping in the spare bedroom next to mine, and my son was sleeping on a cot in the living room. I was down the basement with my mother, and my father was drunker than a

> skunk, and you could hear bottles rolling all over the place. They had hardwood floors, so if somebody was up there, you could hear them walking around. I heard my father walking around, and I said, "Where is he going?" and she said, "Oh, into the spare bedroom." And I said, "But my daughter is there," and I said, "Would he ever do anything?" I don't know why I asked that—well, I do know why—and she said, "I don't know."…I just looked at her, and I couldn't get up the stairs fast enough. I was literally on my, I remember, literally on my hands and knees, and I went running down the hallway. I went in the spare bedroom. My daughter was sitting up facing me; she was giggling. And my father had his back to me, and I don't know whether he was touching her; I couldn't tell. But I just went blood red. I physically picked up my father by the collar, and I threw him against the hallway wall. But something must have clicked….So this incident with my father, I was just blood red, and I didn't even know why. But my mother never came upstairs, and there was certainly a lot of commotion because I threw my father. I guess there was enough adrenalin pumping that I just threw him against the wall. And I remember screaming at him: "If you ever touch one of my kids, I'll kill you!" And I remember just shoving him into the den where he was drinking and just slammed the door. I went downstairs to say goodnight, and she never asked a question, she never said a thing, and then I just had the kids sleep with me in my bed.
> Ann: —about that. You were very protective of your children then, very protective.
> Angela: Yes. Unconsciously too. I guess there was enough in my conscious mind to make me aware not to trust him around the kids without me around. I would go out when I was visiting there, but my mother was there. But even *she* was not to be trusted, really….I was abused, and I've never abused my kids….I was probably overprotective of my kids….But I also taught them to be confident and self-worth. It was like I went the complete opposite and really not knowing why. My mother kept telling me that I was overindulgent and blah, blah, blah, because whenever we were sitting at the table, we were never allowed to talk—children should be seen and not heard—and she thought my kids should have been brought up the same way. But that was our conversation time: How was school? What happened? It was always a fun time. So when we used to go and visit, my kids would try and want to talk at the table, and my mother would tell them to be quiet, and I said, "At our table we talk about our day and we talk about things." "Oh, you're far too lenient. Children should be seen and not heard." And I said [laughs], "Where have I heard that from?" And I said, "They're allowed to take part in the conversation; they're part of this family."…It was just like subconsciously I knew this was not the way to bring up children through violence and intimidation and everything like that….So I'm very proud of my kids. I think I went a little bit overboard with my daughter. She speaks her mind far too much [laughs], and she'll tell me too if she doesn't like things. [laughs] She's quite a confident young lady, and so is my son, so I'm quite, quite proud of them. And they know how to love….

Angela was very proud of how she broke the cycle of abuse and did this despite all she went through.

Caroline. Caroline talked about her failed relationships, which were two marriages and two common-in-law relationships. She began her narrative by wondering if the sexual abuse shaped her choices.

> I don't know if that's the reason I choose the wrong men. I got married first at nineteen, very nice fellow; we're good friends to this day. But I'm a very strong personality, and he's a very weak personality. It just didn't work. [laughs] So ten years later I married the man who is the father of my children, and he is a dead loss [laughs], and I knew it then….The reason I got married really, we'd been living together, and I had to go to the cancer clinic for laser treatments for dysplasia, and I started getting scared. I didn't want kids up to that point, but I'm thirty-three, and I'm thinking, What if I *can't*? So I rushed right into it. And I told him I was going to get pregnant, and once I did, I said, "You can leave; I really don't care," because we didn't get along all that well. [laughs] I got pregnant. He, of course, says, "We've got to get married." So I thought, That would be good for my child. And as we're standing in front of the justice of the peace, I turned to my sister, who's standing up for me, and I say, "Save me. I don't want to do this," because I knew this wasn't a good thing. [laughs] Nobody saved me. I know. I know. The justice of the peace kind of looked. I don't know why I thought *she* would save me, but she didn't. [laughs]….I think this is best for the baby if we're married, because I don't trust him. I'm not *stupid*, but maybe I am stupid; I did marry him. [laughs] I didn't trust him then….You can't help who you fall in love with. If you could, we wouldn't be marrying these jerks. [laughs] So we got married. I don't know if I realized at that point that—I guess I must have—he really was an alcoholic. But I have a picture of him one night when he got so drunk he went into my baby's room—she was about ten months old, maybe nine, ten months old—climbed *into* the crib. I took a picture. Passed out in her crib. I walked down the hall, because I don't know what's going on, and there he is, this big man, in this little tiny crib, and my daughter's standing there….We lived together for five years, and then my daughter must have been six or seven, I guess—six or seven when I left him. She's twenty now.

Caroline described an episode where her ex-husband tried to kill her. She stated:

> We had split up, and he was living with another woman who eventually became a friend of mine, very nice woman. She had two little boys, and things weren't going well for them….Anyway, they split up. They had a big fight, they split up, she kicked him out of the apartment. She phoned me at work and said, "Caroline, he just vandalized my car," and he did something else. Oh, yes, in her house, threw stuff. She said, "But he hates you, and he has a gun, and he's coming to [work]." So I, of course, phoned the cops. First I phoned home and I say, "You take my kids somewhere. They're not to be anywhere in that house." And then I phoned the cops, and they picked him up and threw him in jail for a week. And who do you think he phoned to look after his house while he was in jail?

Caroline refused to look after his house. She described the type of father he has been to her daughter.

> He's still just a terrific father. I work two jobs, or three jobs, because she's going to university. I'm determined she's going to university….But she did ask him for help, and he flat out said, "Not a chance." [laughs] He's a *real* good guy. [laughs] I can pick them, I'll tell you. [laughs]

With respect to her last relationship, Caroline described how unfulfilling it was.

> But now I'm at the point—I had been seeing a man [sighs] for about four or five years, a really nice, nice guy. But just emotionally, man, this guy had problems. I

> thought *I* had problems. [laughs] Emotionally, you couldn't—the sex life just was *awful*! But he didn't think so. And when I tried talking about it, "Oh, I can't talk about that." Or you mention the word *menstruate* or *period*, "Oh, jeez! Oh, jeez!" So he had bigger problems than I do. So we're good friends now, but we were at the point where we were going to get married, and I did stand up and say, "*Are you crazy?*" [laughs] And I'm at the point now where I'm not interested. I have a good life, I'm content, and I'm happy, and just buzz off! [laughs]

Caroline concluded her narrative by talking about how she recognized her pattern. She stated:

> I felt like I was beating my head against a brick wall, because in both of my marriages and the two men I lived with, I finally realized that we really had never sat down and talked about what we expected in a marriage, what we wanted from our partner, the way we wanted our life to go…So with him [her last relationship], that was the time of my life where I thought, I'm not doing that any more. I've got things to say, I've got things I need to hear, and I'm going to do it. And so I tried to talk to him, and I tried and I tried and I tried and I tried, and he didn't want to hear it...

Caroline was able to recognize her prototype of not being assertive and in her last relationship started to declare her needs and beliefs. As she indicated her boyfriend did not respond. As a consequence she made a choice to remain single and feels quite happy.

Erin. Erin talked about being in four different relationships throughout her life. Her first relationship was from high school. She stated:

> So I had had already by the age of twenty-seven when I was in therapy, I'd already had two serious relationships. One was with a fellow, when I was in Grade 12, and he came from a large family same as me—not the same number, but a large family—from the farm. He worked in a factory, and I didn't want to be a farmer's wife, because that would be like my mother's life; and, of course, probably farmers and farming men would remind me of my father…And I didn't want to be milking cows twice a day and those kinds of things, so I broke up with him...He thought that he was going to marry me. I was eighteen years old, and I'm going, "I don't think so, pal! I kind of think that I'm going to be doing different things in my life, like not being married at eighteen, nineteen years of age," which I did, and I've still never been married.

The second relationship was from college. She stated:

> Then I had gone to college for two years, and when I was out for one year I met a fellow who was *in* college, and we went out for five years, and he was very bossy and domineering….I think I was about twenty-one, twenty or twenty-one when that relationship started, and he reminded me of my father because he was very domineering and loud and bossy, and I just sort of envisioned if I had married him, that I would fear for my children, that he might abuse them, because he seemed to be that kind of an angry kind of a man…..And it was after that that I started going to [therapy] after I broke up the second relationship.

The third relationship was with a man who she liked but broke up with as her sister didn't like him.

> …I was with another man who I really liked, but my oldest sister didn't like him, yes, so I kind of let him go. I got pregnant by him, and I was [in therapy], and I

> remember being in the Doing group, and I was pregnant. But I gave my baby up, and that was really tough.

In her last relationship, Erin expresses regret for staying so long in an unfulfilling relationship.

> So I still have difficulties with men. I was with a guy for fourteen years, but it wasn't, even from the get-go, it wasn't the most happy, harmonious, comfortable—actually, for the first few years it wasn't too, too bad. But I split with him three-and-a-half years ago, and I could probably say that I have not—in the last few years it's been even less that I talk to him. But he just makes no effort to communicate with me. He's hurt and bothered by this and whatever…I never should have gotten into the relationship, and even if I did, I probably should have left way sooner, *way*, way, way sooner than I did.

Helen. Helen's first relationship was to a man who abused alcohol and drugs. She described the "hell" she lived in and what made her leave.

> I got married the first time when I was twenty-five, and I married an alcoholic drug addict. Now, I met him at a church meet. When I first met him, he wasn't doing any drugs any more. But he started because we were in a cult-like church, because that was very secure for me. I knew the rules; the rules were there, and I could follow them, and I was a good person then, right? But they didn't give us permission to date, and we did anyway….I was twenty-four. And then they realized that we were dating, so they gave us permission to date. But by then Gerard was already doing drugs again, and he did narcotics, and so he was addicted….And so we left the church and we got married, and I lived in hell for ten years, and I wasn't safe for ten years.

It is understandable how she stayed for ten years given that her boundaries began to be violated at the age of three and continued until she was 17.

> Now, I didn't have back any memories, because if I had had memories then, I would have, I would have—I don't know….I got married in '79; in '88 I attempted suicide, and, fortunately, I wasn't successful. I still don't know how I wasn't successful, but I wasn't, and I left him after that. But I left him because he had an accident with the car. I was in the hospital. He'd been in and out of the hospital on suicide attempts, because he would drink and then do a whole bunch of drugs. They stopped putting him on the wards because he didn't want to change, so they would just make sure he wasn't going to die and send him away. He ended up in emergency one day when I was on the wards, and I get this phone call telling me, and, oh, okay….My landlord called me first and told me that Gerard had been drinking and had an accident with the car, and I had to go home, see what was going on. I went downstairs; there was an AA meeting going on, and I went to Al Anon. I borrowed a friend's keys and took one of the guys from the ward with me, and we went over there. And he was drunk, and he had done a whole bunch of pills, and he wrecked my car! And that did it. At that point I was able to kick him out. We called an ambulance because he had drank all this and taken all these pills, and he wouldn't give me the keys, and I just asked the cop who came along with, I said, "Can you hand me those keys?" And my lock was changed on the apartment, and that was it. I wasn't worth it for me to leave, right? For me. But he hurt the car.

Helen now understands the reasons why she wasn't able to leave before her relationship hit a crisis point. Part of it was due to her inability to be assertive.

> It's taken me so long to learn how to say no, and I still have problems with it. I phone people back and say, "I said yes, but I really meant no, because I can't do it." And people get really ticked off at me now because I say no. But I've worn myself out.

Another reason was her need to be loved. She stated:

> …I needed so *badly* to be liked and loved. That is the worst thing that all of this did to me, is [pauses; cries] I need so much to people not be angry at me because if you're angry at me you will leave, and if you're a good person, then I might get somebody worse.

Helen identified how the abuse caused havoc in her relationship with her adopted daughter.

> The abuse and the memories have caused unknown problems for me. When Margaret—as I told you, she's not my biological daughter; I adopted her. She's Andrew's from his first marriage. She was seven when I came into her life, and she needed a mom, and she took to me right away. But she wasn't me…But as she was starting to go through the changing, going into adolescence, into puberty, it triggered me bad with my memories, and I had real problems because I was dissociating all the time. It was almost impossible to keep in today. We worked a lot—my psychologist and I worked a lot on keeping a foot in today, because I would dissociate, and I would dissociate for hours. I still do….It was very hard with Margaret because Margaret didn't—how—? She didn't have that honor or respect or fear, so I don't know what I had of my parents. I have no idea. But getting her to help around the house was impossible. And I didn't have a choice; it wasn't like I could have fought it. I didn't have a choice. And when she would look back at me when I would say something about it and say, "Yes, but don't take it out on me because you had a rough childhood," I'd want to kill her. I actually hit her, and if Andrew hadn't been home, I would have beaten her. That's when we went to CASA, because I was afraid.
>
> Ann: Good for you for recognizing that.
>
> Helen: I said, "You have to report this to the police," and she [the CASA counselor] says, "Technically, yes, but I'm not going to because you're doing exactly what they would tell you to do. You're here. You're getting help."…What happened is that Margaret came out as perfect, and I was the bad one. It was awful! It was awful. And she knew that, and it was almost like she taunted me with it. I couldn't make rhyme or reason out of how I felt, because I was so confused by my feelings, especially because of the dissociating. When she was nine—when I was nine, I was buying groceries and cooking meals and doing laundry, and I couldn't get her to clean the bathtub, and it would make me angry, and I would lash out. I would scream, I would yell, I would try not to hit. But I was a yeller; I come from a family of yellers. I finally learned not to yell…

Helen described her current relationship as a loving one. She commented:

> And then when Andrew came along and he loved me, it blew me away; it didn't make sense. How can anybody love me? I'm fat and totally undesirable and no good in bed, because Gerard's told me this often enough, right? So what's wrong with this guy? Andrew is wonderful.

Like Caroline and Erin, as Helen gained insight and support she was able to make healthier choices to meet her needs than when she was younger.

Cynthia. Cynthia described her previous husband as physically abusive. She stated:

> And then, yes, my self-esteem was so good I married a man who was verbally and physically abusive…I didn't really make a good choice when I *married* him, but—

Leaving her abusive relationship, she went on to raise her two children.

> ….I had a really, really, really strong desire to have children, and because I was so protective, I just was *not* going to allow them to be hurt by being exposed to violence. It was bad enough for the fourteen-month-old. It *did* affect her, and I just had to get out. It was—yes, I had to…Yes, I just seem to have that instinct to protect them. Yes, keep them safe. Was cautious. I was told that I was overprotective; I don't agree. Didn't agree then, don't agree now that I was. They haven't grown up to be afraid….They're pretty amazing girls, pretty amazing….The oldest one just graduated, and she graduated with the highest GPA….I am *so* proud….And the other one is married already, married much too young, but she has found a wonderful, wonderful, kind, gentle person. And she's doing great….

Much like Angela, Cynthia has raised her two children on her own and is very proud of how well they have done.

Sache. Like Angela, Sache described her fear of being intimate with a man who was good to her. She stated:

> Probably the guy I should have married was going to move in with me. We were going to get back together again, and we were talking about getting married, and I went into self-destruct mode. I wound up hooking with a guy that, it could have been anybody, and slept with him that night because I just wanted to—the scene was getting too close—I just wanted to just sabotage that relationship totally. So then I just went on a downward spiral, and I wound up moving in with this guy. I was downstairs looking at my stuff at his place, and I tried to kill myself, and came close that time, really, really, really, really, really, really close.

Like Caroline and Erin, Sache had many relationships.

> Since then I've had many failed relationships. And then just recently I had my ninth live-in relationship that was probably the worst. So you go through that circle, and it's like, Okay. And then bells and whistles went off, and finally I read *The Courage to Heal*, and then I went from there….

Exemplifying how terrible her last relationship was, Sache explained how it was the catalyst for gaining therapeutic insight.

> And this guy, yes, I was with a guy who was physically abusive, violent, drunk, just the whole gamut, probably the worst person that I've ever met. And between him bringing all this stuff up and making me really see that I was beating myself up for what and why, because somehow all that stuff is just there; and then reading that book about things like not being able to have an orgasm; when you do have an orgasm finally, just bursting into tears because, again, you're feeling. You're starting to actually connect the feelings with stuff….And maybe I had to be ready to go there. He broke my finger, and my current therapist is going, "Why are you

> with someone who would be physically, physically violent to you?" And really having to have the worst man I've ever been with was probably more pivotal in getting me the help that I needed than anything else. It was my bottom…the lowest I've ever been within a relationship with someone of the opposite sex, because it was the physical abuse rather than just the emotional abuse. It just had to be that bad. It was my bottom before I could finally go where I needed to go to that really painful place and realize that it was probably my dad. And I still say "probably"; I still can't say "It was my dad." I still have a hard time believing that any adult could rob a child. You're killing that kid. You're killing them emotionally. Those scars are there forever.

Sache also described how she decided to protect her children who were eroticized.

> Mm-hmm. I couldn't, I couldn't, because actually my kids were eroticized. Oh, that would have been back in '99, and they came up to me and they said, "Mommy—" my older one, came up and said, "Mommy, something bad happened," and it was all girls. They'd made [Charlotte] act out some sexual stuff, and I didn't know what to do. [laughs] I didn't know what to do. It's just too close. So I phoned my ex, and of course your first instinct is, it didn't happen, it was misconstrued, and I actually wound up fighting for—I fought for the kids, just because I had to. And it cost us a lot; it cost us a lot in, we went bankrupt, he cut me off, the poor kids were totally ostracized on that side of the family because it was their stepsisters that did it, and I went through absolute hell. And I don't know if something like that happened again, if I would even frickin' bother. I really don't know. If something happened to my children where they were sexually abused in this climate, this country, this place, the universe, I would never ever ever put them through that again, never.
>
> Ann: It must have been horrible.
>
> Sache: It was, it was, but I knew I had to fight for them, and I had to show them that "If you feel it's bad, nobody has the right to do that to you, I don't give a shit who it is." And I had tried to work it out with him and his girlfriend, saying, "Obviously something's wrong. Let's all go for counseling. Let's just figure [this] out." They would not go there, would absolutely not go there, so I had to get Welfare involved, and then it just went to hell after that, having to take them down, and in '99 I made four or five—my eldest daughter was eight or nine years old and having to go through all this, and to the police station and swearing and the taped interviews. Never again.
>
> Ann: And what was the outcome?
>
> Sache: Nothing. Nothing. Absolutely nothing—except my kids knew I'd stick up for them; my kids knew.

Sache reported her children's sexual abuse despite the barriers which were the lack of support from her ex-husband, the bureaucratic process of having to involve Child Welfare and police, and the multiple interviews she endured. Despite the lack of outcomes, both administrative and legal, reporting the incident demonstrated supportiveness.

Lenora. After leaving home Lenora lived with a boyfriend and described this relationship as exploitative. She stated:

> But anyway, I dumped…my first boyfriend, when I figured out I was chattel after a year, just my first year of [secondary schooling]. I guess we had a big fight over something, and it was about money. I had bought [laughs] two fish for the

> bathroom wall—it's like little plaque thingies—and he gave me shit, and I didn't take too kindly to that. And then the fight started about money, and he had a lot of money…. And I had absolutely nothing….A lot of people…were laughing about "Why do you have to buy the cow when you can get the milk for free?" and all sorts of things like that. And I asked, begged for an engagement ring, and I didn't get one. Anyway, it all led up to one day I said, "Fuck you," and away I went and started fooling around with somebody else, because I was just a needy little kid who needed something.

Following this she married a man who was physically abusive. She continued her narration:

> ….So I got married. The marriage was seven-and-a-half years in duration. It produced …girls who I have looked after ever since. It was violent, horrifically violent. It was alcoholic. My first husband was *more* alcoholic than I was. I think maybe that's why I picked him; I still don't know exactly why I picked him. I thought at the time he was cute, but in retrospect [laughs] I think there was a whole hell of a lot more. I think it was just two sick puppies looking for each other, and boy, did we find each other.

Lenora decided to abstain from drinking after she saw how her behavior affected her children. She explained:

> Anyway, after seven-and-a-half years I had him—I sobered up after we were married five-and-a-half years, because by then [my girls] were born, and I could see the pain in their eyes. And I knew that I drank a little bit too much, although I was still drinking, bingeing on weekends, but I had a full-time job, and I had the cleanest house in town, and I had a little house and two cars in the driveway—the Canadian dream, right? Not. [laughs] The police were there an awful lot of the time because it was a very, very abusive situation. So finally I sobered up two years before we finally broke up—no, a year and a half. They told me not to do anything for the first year, and [sighs] I did not go into counseling, though. I just went to AA, because I knew it worked. And once in a while people would come over to my home, and this lady who later became my sponsor, she was not reacting very well to my husband, and he was not reacting very well to her. But my husband wouldn't react very well to *anybody* because he isolated me, and he did all the things that an abuser does. And said that I was lesbian and that I was this and that I was that, and it was just like, Oh, God!

Lenora recounted how her husband tried to murder herself and her children.

> And then after I sobered up, the violence got worse—or maybe it didn't get worse; maybe I remember it more because I wasn't pissed. But the violence was really bad, because I think that my husband was then threatened because I was changing….In one of the violence episodes, it was just after Christmas, and during Christmas there had been a murder-suicide in Nova Scotia, and it was on TV….What was *really* scary for me was the fact that my husband, the way he was watching it, and it was giving me the heebie-jeebies and the chills up and down my spine, and I thought, Oh, my God!

The horror of her account is evident as she recalled what her ex-husband did.

> Anyway, he got pissed either on the night of the seventh or the night of the eighth [of January] and came home with the express intention of killing me. He didn't get really pissed, just partially pissed. He came home and he looked for the knives, and

> I had hidden the knives. The guns were gone….And then I had to get dressed because I had my housecoat on— and it's really hard to get dressed when you're defending the door between you and this guy who wants to kill you. And it was minus forty outside because it was January, and the kids were sleeping….So anyway, I'm maybe putting one pant leg on or something of my jeans. He managed to get the door open, and he grabbed me and he started pushing me, and we struggled all the way down the hall toward the kids' room. In the hallway was a hamper, and he was flicking his lighter, looking in the hamper, holding on to me, looking for clothes to set on fire because he was then going to set us all on fire, pushing me into the kids' room, right?... [sighs] There was a doorway in between there, and that doorway was the bathroom. I picked him up over my shoulders and threw him head first into the bathtub. Super-human strength, but you get that. So I picked him up and threw him over my shoulder. He ended up [sighs]—from what I saw out of the corner of my eye, I wasn't *really* worried about his welfare though. He was head first in the bathtub, and I ran out the door barefoot, of course, and went to the neighbors', who were an old couple, knocked, screaming like a banshee. They let me in. I asked them to please, if I could please use the phone; there was a crisis at home. So they let me use the phone. So I phoned the police, and then I waited. It was somewhere between seven and fifteen minutes before the police showed up. It was just the hardest, longest time in my life because I had left the kids in the house, because I *couldn't* get them out; I could not.
>
> Anyway, the police finally showed up. They were going to knock in the door. I said, "No, no, no, no, don't do that. [laughs] There's a key," because he had locked it. "There's a key." I said, "I have to fix the damn door [laughs] if you break it in," and it's just like, "Let me use the key," so I did. I got the spare key, I unlocked the door, they came in and they let him out, and that was the end of my marriage to him.

Lenora's account was heart wrenching as she described how she noticed her daughters' symptoms of sexual abuse.

> [sighs] Six months after that my girls started showing signs of sexual abuse, and at that point everything came crashing down around my head. This world that I had built—which was built on sand rather than on rock, right?—just came crashing down around my head. The girls had been abused; I had promised myself that was never going to happen to them. I had been physically abused; I knew that. I was alcoholic and going to AA meetings. I was broker than snot. I was working and working shift work and having the kids in a daycare and trying to pick them up at eleven-thirty at night, and I couldn't do it. So I put myself into therapy; I got stress leave from work—or not stress leave; whatever the hell it was called; something like that. Anyway, it was paid leave.

After Lenora and her daughters started intensive therapy her life stabilized.

> And shortly after that I met another man…Anyway, they [meaning Lenora's family of origin] reacted very badly to this man that is now my husband, and it's taken them *years*, him years [laughs], to get over that with them and for them to realize that he is and was just fine. [laughs]…Life is good, and here I am.

Lenora, like other women, was able to drastically change her life so there were no further abuses.

Rolande. As Rolande mentioned she started to earn money through prostitution when she was an adolescent and abused substances. This pattern continued until she was 29 years of age. She illustrated how her lifestyle impacted her son.

> When I sobered up, I was about twenty-nine years old, and my son and I, for a long time he really distressed me. I'd be drinking ginger ale and he'd say, "Can I have a sip? Can I taste it?" [laughs] Or if we went to a party and there was alcohol there, he was really afraid of that. He's seen me in action many times. When he was young he had learned to roll me little joints. [laughs] He'd wake up, "Here, Mom, little joints for you." [laughs]

In 1982, prior to her period of abstinence, Rolande's sister committed suicide.

> …And when my sister passed away I had this dream. My sister and I, when we were small, we'd always hold hands, and she'd always say to me, "I'll always take care of you. No matter what, I'll always be there to take care of you. And when we get older, you can come and live with us." And so we'd hold hands; I'd finally go to sleep. So that morning I had this dream, because she had called me and said she was coming to…visit me and that she was leaving her husband, and I said, "Sure." At the time I was going out with this man, and this man was crazy in love with me, and he wanted me to marry him. I said to him, "I won't marry you. I'll live with you on the condition that I have my own room." [laughs] So he kicked out the people from the second floor, and he put an elevator in the house, and he gave me the entire floor…
>
> And I was dreaming, and I was dreaming that I was in this huge theatre, and it was all velvet curtains and just beautiful, beautiful theatre, and we were sitting there holding hands, and I said to her that two friends of mine, Richard Burton and Elizabeth Taylor [laughs] were going to do a show for us. And so we were sitting there and we watched a show, and it was a beautiful story. And then when the curtains closed and then I looked and she held my hand, she says, "I'll always be there for you."

That morning after waking up from the dream, Rolande received a phone call about her sister.

> ...So anyways, and then I get a phone call to say that my sister had passed away. But I was supposed to go to the funeral, and I got my tickets and stuff like that. I never made it to the funeral though. I drank triple, and I was just drinking away, so I missed my plane…so I never made it back there till fifteen years later. So that was back in '97.

Following the death of her sister, Rolande tried to commit murder-suicide. She ended up in prison and subsequently a psychiatric unit.

> …After she committed suicide I ended up going into a mental institute. That's why I told you I wanted to kill myself and my son, and so my son was apprehended from me. I went to court, and I didn't know my name. I just [puffs] and didn't even know my name, so they put me in—I can't remember the name of the prison I was in [a big Canadian city]. So I went to the psych ward, and I was there for about three months, I think, yes, until I finally started realizing my name and who I was. They asked me to count backwards from ninety-nine [laughs], and I'm like, "What?" [laughs] "Don't ask me what—" Trying to prove if you're really sane or insane. [laughs] So that healing process, it was really hard.
>
> I think one of the things for me was that when my son was apprehended and he ended up going to the hospital, and he was in the children's ward. I remember

> when I went back to see him three months later; he wouldn't even talk to me. He was so upset with me and just didn't want to talk to me. But I would do these idiot things. I would walk around in the summertime with my winter coat on. I was just completely out of it. I would wear gloves with my shorts. I would just do things: put the kettle in the fridge and just things like that. I was just very—

Rolande's characterization of her mental status as "out of it" and depiction of this state as not even knowing her own name is very dramatic. She is now able to talk about this incident with her son.

> My son and I talk about it sometimes. He's twenty-six now, and we talk about it, and I tell him that if I could redo my life again, I certainly would not put him in that situation. And he knows that; he's going to treatment himself.

Rolande put herself through college and currently works in her chosen career. She is also in a stable relationship.

Analysis of relationships. Of the nine women, five women experienced serial relationships, i.e. number of relationships ranged from 4 to 11. Erin reported four serious relationships, whereas Sache reported 11. Caroline reported two marriages, two common-in-law relationships, and a serious relationship. Lenora indicated she had one common-in-law relationship, two marriages, and several boyfriends. Rolande had many relationships but never married.

Sabrina was the only woman who remained married to her first husband. Only two women had never married and these were Erin and Rolande. Six of the nine women experienced divorces. Angela, Helen, Cynthia, and Lenora divorced once, whereas Caroline and Sache divorced twice.

Similar to the nine women who participated in this oral history, Russell (1986) found increased rates of divorce among incest survivors living in the community. For example, only 7% of women who reported no trauma divorced, but for those who reported extreme, considerable and some trauma divorce percentages ranged from 22 to 37%. Lower rates of marriage were found for women who experienced incest compared to those who had never been sexually assaulted. Similarly, from literature reviews of quantitative studies various investigators have reported increased divorce rates among community samples of women who experienced childhood sexual abuse as compared to women who never experienced CSA (DiLillo, 2001; Rumstein-McKean & Hunsley, 2001).

At the time of the interviews, five of the nine women were not in relationships. For those who were in relationships; Sabrina remained with her alcoholic and physically abusive husband and Helen, Lenora and Rolande reported loving happy relationships.

At some point in their adult lives eight women experienced physical abuse or subsequent sexual assaults. This is consistent with research that examined adult victimizations in the form of sexual assaults and physical assaults among those who have been sexually abused (Messman & Long, 1996; Russell, 1986). Further evidence comes from a meta-analytic review of the long-term effects of childhood sexual abuse. Investigators reported eight variables, which were anger, anxiety, depression, revictimization, self-mutilation, sexual problems, substance abuse, and suicidality as demonstrating significant effects. Of the eight variables, revictimization had the strongest effect (Neumann & Houskamp, 1996).

Another variable considered in both clinical and theoretical literature are partner characteristics. Partners have been reported as immature, dependent, less supportive and exploitative. Women's own needs were often neglected as they focus on their immature partners; this behavior was explained as a continuation of previous childhood patterns of being placed in parental roles (DiLillo, 2001). Erin and Caroline both reported that their last partners exhibited these characteristics.

While investigators using empirical methods have noted relationship difficulties among adult women who experienced child sexual abuse, they failed to capture any changes over time. The nine women narrated tremendous personal growth in their adult years as they were able to discern how it impacted their intimate relationships. Many women such as, Erin, Angela, Sache, realized their previous partners' controlling personalities were similar to their fathers. Others such as Caroline, Helen, Cynthia and Rolande were able to attribute their interpersonal patterns to the childhood sexual abuse or factors that were linked with the trauma such as lowered self-esteem, the need to be loved and lack of any attachment. Dramatic changes occurred in all their lives as they were able to extricate themselves from destructive relationships and exploitative patterns. Some were able to sever more of the destructive patterns than others. For example, Sabrina remained with her alcoholic husband due to financial necessity, but she never-the-less gained insight into her interpersonal relationships, while others detached themselves from physically abusive and controlling partners.

While it is true that women's interpersonal patterns changed, it is important not to impose a worldview of redemptive change on their lives. This is part of the myth that many North American people live with. That is the idea that individuals can overcome even the most horrendous obstacles in their lives. For example, North Americans celebrate stories of individuals who overcome arduous circumstances and go on to achieve prominent status; i.e. the Jim Braddock story. Part of the reason individuals impose this worldview maybe the difficulty or discomfort in accepting the reality of horrific and traumatic events. It is painful to acknowledge that the world is not always just. Seeing the world as a just place where good things happen to the "deserving" fosters disconnectedness between the fortunate and unfortunate. Identification with victims is less likely once this disconnectedness is achieved.

With respect to parenting, women reported both positive parenting outcomes and experiences where they sought assistance. Angela and Cynthia reported being very proud of their grown children in terms of their accomplishments and for having protected them from abuse. For example Angela described how she stopped her father from sexually abusing her daughter and Cynthia divorced her physically abusive husband as to protect her daughters from violence. These were very positive outcomes given that both Angela and Cynthia reported such severe abusive experiences.

On the other hand several women sought professional help to deal with abuse and/or parenting issues. Helen reported seeking therapeutic help for disciplinary issues and unrealistic expectations with respect to her adopted daughter. Lenora sought therapeutic help when her daughters started to show signs of sexual abuse and Sache reported her daughters' eroticization to Child Welfare authorities. Rolande was institutionalized when she attempted to kill both herself and her son. Both Rolande and her son sought therapeutic help.

Maternal behaviors of women who survived child sexual abuse have been ubiquitously reported as negative (DiLillo, 2001). Areas in which survivors' functioning was noted to be below the norm as compared to nonabused mothers were in confidence, control (Cole, Woolger, Power & Smith, 1992), communication, role-support, role-image (Cohen, 1995) and less positive views of one's self as a parent (Banyard, 1997). However, all the aforementioned studies relied on self-report measures and some were of low-income mothers. One exception to the preponderance of negative reports is of a study that didn't depend entirely on self-report measures. The investigators reported observing moderate to high levels of support and assistance rendered from abused mothers to their children and this was comparable to nonabused mothers. Survivors' self-reports of parenting self-efficacy was lower than nonabused mothers' ratings (Fitzgerald, Shipman, Jackson, McMahon & Hanley, 2005).

Intrapsychic Processes

As noted throughout women's narratives various psychological experiences were described and will be briefly summarized at this point. Various dissociative states such as amnesia, depersonalization, dissociative identity disorder were reported. Many experiences of being victimized over and over again as adults were described. Suicide attempts were also reported by six of the nine women. For example, Rolande reported:

> And it was all these things. I remember being really young and saying, "If there *is* a God, let me die. I want to die." I was five years old and I already wanted to die! And I tried to commit suicide I don't know how many times. The first time was with [over the counter pills]; the second time I slashed myself; third time I took sixty [pain killers]. That was embarrassing. [laughs] I wrote letters to everybody. [laughs] And I thought, "even God doesn't work because want me to go." [laughs]

Just as Rolande has done, other women's descriptions of suicide attempts were embedded in narratives of how their life was.

Substance abuse was reported by three of the nine women. For example, Sache reported:

> ...I ran away and kept getting into trouble, abused drugs, alcohol, sex, anything. I had some pretty self-destructive behavior for a long period of time, and I could never understand why or where it came from, because it's always like you have this feeling like you're the bad girl, and in a way you do create all these things that I'm just working on now.

Rolande described how difficult her life was when she first started to gain sobriety.

> I used to be very depressed; I just couldn't get out of bed; I used to stay in bed for weeks on end. Especially when I first started sobering up, oh, it was really, really hard. And dealing with this one—in my thirties I started dealing with it, and I had some really good people around me. I did; I was very lucky. I had some good people around me.

One of the nine women never sought counseling with respect to the sexual abuse and described herself as not having internalized shame or self-blame. With the exception of describing an assortment of destructive relationships, she felt she was not affected by the sexual abuse. Caroline stated:

> That's part of the reason why I thought, I'm going to come here because I don't feel like the typical sexually abused person. I feel like I've overcome and I've survived, and it can be done. And for me it wasn't really all that hard...What I feel like saying to them [other women who were sexually abused] is, "You should actually stand on a building and shout out, 'What's-his-name had given me—sexually abused me!'" I feel like that might make *you* feel better, and by doing that, you're not doing anything wrong. You're putting the blame where the blame lies. So get up there and shout it out. Let that person take the responsibility.

She is not alone in stating that the child sexual abuse did not affect her psychological functioning. Investigators utilizing meta-analysis examined the belief that women and men who experienced child sexual abuse were severely harmed by the experience (Rind, Tromovitch & Bauserman 1998). Analyzing 58 studies that drew samples from colleges, the fore mentioned authors found women and men were only slightly less well adjusted than nonabused students. However, it was the family environment that predicted the variance to adjustment and not child sexual abuse. Men reacted less negatively to their abuse than women. Thus it is important to understand how there is great variability in how individuals are affected by childhood trauma.

Physical Well-Being

Two women reported being afflicted with fibromyalgia and believed it related to the sexual abuse.

Sabrina and fibromyalgia. Today my health is not good because I've had a heart attack; I've got chronic angina, fibromyalgia, and all the illnesses or syndromes that go along with it. Yes, all these things come into play.

> I really think what has happened to me as a child and as a young adult growing up, it's all affected me mentally and physically. Mentally, yes, the chronic depression I have because of self-worth, and today I'm better than I was ten years ago because it was really bad then, and I'm still dealing with it.

Helen and fibromyalgia. And I've got body problems. I have more ailments wrong with me than Carter has liver pills. I'm a Type 1 diabetic, fibromyalgia, sarcoidosis, erythema nodosum, Sjögren's syndrome, fatty liver, morbidly obese, and then the emotional problems…The fibromyalgia—there's a book, *Chronic Pain and Child Abuse*. They've done studies. And I belong to a couple of lists on the Internet, and we've discussed it, and the number of people who have autoimmune illnesses that were abused is incredible…

Investigators studying the relationship between childhood sexual abuse and fibromyalgia have found increased incidences of sexual abuse (Goldberg, Pachas & Keith, 1999; Walker et al., 1997). For example, the percentage of patients with fibromyalgia who reported a history of child sexual abuse was 47% (Goldberg, Pachas & Keith, 1999). Similarly Walker and associates (1997) found 58% of patients with fibromyalgia experienced molestation and 33% sexual penetration. They compared patients diagnosed with rheumatoid arthritis and found 50% had been molested and 13% had experienced penetration as children. When lifetime abuse percentages of abuse were calculated, which included sexual and/or physical, 92% of patients with fibromyalgia versus 67% of those with rheumatoid arthritis had lifetime victimizations. Other investigators noted that only 4% of patients with fibromyalgia experienced severe child sexual abuse (Imbierowicz & Egle, 2003).

Cynthia and arthritis. Cynthia reported having arthritis and believed it related to her sexual victimization. She stated:

> When I was three or four…my grandpa had been inside for a nap, and I think [my mother and grandmother] sent me to wake him up or something. I went in, and he grabbed me and pulled me onto his lap…He inserted his penis into my rectum. And I remember him grabbing my leg and jerking it back, and I still—I have arthritis in my left hip.

Her grandfather's attack may have physically injured her left hip thus leading to arthritis. As well it may have resulted from stress as among those with rheumatoid arthritis a sizeable proportion have experienced sexual abuse as children (Walker et al., 1997). The link between stress and other health related conditions has received attention for several decades. Life's chronic stressors impact physical health leading to hypertension, depression, heart attack, stroke, and diabetes (National Women's Health Resource Center, 2006; Wilkinson & Marmot, 2003). As well, habitual stress and ineffective coping methods have been linked to unhealthy choices in lifestyle such as poor eating habits and inactivity (National Women's Health Resource Center, 2006). There is no doubt that stress was experienced not only during the actual victimizations, but continued to be experienced throughout their lives.

To summarize women narrated many challenges as they faced the tasks of supporting themselves economically, establishing supportive long term intimate relationships, and raising their children. As they contended with life, many did not understand the origin of these challenges even as societal awareness of child sexual abuse developed. For most women, insight was connected to therapeutic interventions and most were not able to access effective services until the 80s.

Women's Experiences with Therapy and Disclosures

As the 70s and 80s passed, rape crisis centers and organizations such as the Sexual Assault Centre started to appear and develop programs for adult survivors of childhood sexual abuse. As well, professional help for sexual trauma dramatically increased. New techniques in therapy such as Eye Movement Desensitization and Reprocessing (EMDR) and mind-body therapies appeared (Dorsey & Jaffe, 2006; Shapiro, 2002). As well, the appearance of feminist self-help books, autobiographical books, talk shows, and made for television movies about incest and child sexual abuse grew (Armstrong, 1994). Among self-help books, authors described the experiences of women who were abused and healing from abuse (Bass & Davis, 1988). Among the nine women from this study, eight sought therapy specifically for child sexual abuse from various sources. Dramatic changes occurred in many women's lives as they accessed therapy. Many were able to take on a new role of confronting and healing their victimization, which only appeared after the rise of feminist self-help literature and speak-outs.

The women's adult years, like their adolescence, started in the period of silence during the 60s and early to middle 70s. For the most mature women, Sabrina, her adult years began in 1963; whereas for the youngest of the nine who were Lenora and Rolande their adult years began in1976. How they arrived to the point of recognizing the abuse and integrating it into their lives was often a long narrative. After years of therapy many gained insight into why their lives had been so chaotic or unsettled. This understanding did not come without a price as for some there were periods of psychic disintegration as they discovered the sexual abuse. Once they discovered the sexual abuse, disclosure to family members was an event that often distanced women from their families as a vortex of denial engulfed them.

This chapter begins by examining changes in the infrastructure of health, media and law. Infrastructures altered and on the surface this appeared progressive, but unfortunately some women did not benefit. Using societal changes as a backdrop, women's experiences of therapy and disclosure are then examined. For some women their therapy began in the 70s, whereas for others access to therapy began in the 90s.

Changes in Infrastructure

Many changes took place in the 70s and 80s to the Canadian infrastructure. The most important impetus for change was feminists groups who are credited with altering our collective consciousness towards rape and child sexual abuse. They wished to create an awareness of its existence and worked towards social change. There were indeed changes, but the question remains to be answered, "Were the changes beneficial to the women who experienced child sexual abuse?"

From Rape Crisis Centers to Sexual Assault Centers

Rape crisis centers started to appear in the 1970s across North America (Kostash, 1982; Toronto Rape Crisis Center, n. d.) and were initially organized by feminists. A defining moment for the beginning of rape crisis centers were the rape speak outs organized in New York City in 1971. It was here that women spoke out politically advocating for social change, voicing one's self, and addressing the fundamentals of what happened and why (Armstrong, 1994; Rush, 1980). Some groups such as the New York Radical Feminists recognized rape as an act of violence, of women's enslavement to men, and as an extension of the relationship that existed between men and women (Manhart & Rush, 1971). As a result of growing awareness crisis centers with feminist ideology were organized and sought to implement social change, provide feminist therapy, and advocate for women rights vis-à-vis medical, legal and police systems. Many early rape crisis centers widened their scope to include women who experienced incest, child abuse and indecent assault. As this trend continued, rape crisis centers started to refer to themselves as sexual assault centers (Kostash, 1982).

In Canada, the first center opened in Vancouver as a phone crisis line (Kostash, 1982). Likewise Edmonton first opened as a crisis line in 1976 (SACE Information, n. d.). Rape crisis centers were badly needed as counseling services available to women consisted of institutional settings affiliated with mammoth organizations such as Social Services. For example, in 1975 Edmonton had seven counseling agencies, which were Catholic Social Services, Edmonton Social Services, Family Service Association of Edmonton, Jewish Family Services, Student Counseling Services and Division of Social Hygiene (later became known as Alberta Mental Health Services) (Russell, 1975). It was not until the late 1970s that therapists started to become aware of the myths associated with sexual trauma. This was largely the result of feminists' educative efforts (Toronto Rape Crisis Center, n. d.). By 1978, 21 rape crisis centers were tallied and the Canadian Association of Sexual Centers formed. Just five years later the number of Canadian rape crisis centers doubled (Toronto Rape Crisis Center, n. d). The Edmonton Sexual Assault Center expanded its services in the 80s to encompass sexually abused children. Services consisted of a pediatric examination, social work assessment, psychological testing, psychiatric assessment, psychotherapy, play therapy, and parent education. It also operated a hot line and support services for adults (Badgley, 1984).

Presently the Edmonton Sexual Assault Center offers counseling services, outreach programs, public education, crisis intervention and a 24 hour crisis line. Individuals counseling services are provided to children, adolescents and adults. In addition group therapy programs are available for adults who were either molested as children or experienced sexual assault as adults. The outreach program links with diverse populations such as the elderly, disabled and ethno-cultural groups (Sace Information, n. d.).

Therapists: From Psychoanalysis to a Proliferation of Therapies

Similar to rape, feminists first drew attention to the occurrence of child sexual abuse at conferences organized in New York in 1971. Florence Rush, an activist of the Congress of Radical Equality and a social worker, presented a paper on child sexual abuse on April 17, 1971 at the second conference held on the subject of rape. Her presentation was based on case studies, articles written by Freudian psychologists and her own experience. The presentation was so successful that she subsequently wrote a book on the subject (Rush, 1980). Louise Armstrong, another feminist, was one of the first women to reach out to adult women with her written version of a speak out. Her book "Kiss Daddy Goodnight" (1978) chronicled the accounts of women who experienced incest. Following its publication, Armstrong was invited to "The Today Show" which became the impetus for many more call in shows where women broke their silence. Her intention was to "dignify the victim's experience" (p. 34) and advocate for social change (Armstrong, 1994).

As attention was focused on incest and child sexual abuse the numbers of therapists increased. From the year 1975 to 1990 the number of psychiatrists, clinical social workers, clinical psychologists, and marriage and family therapists doubled in the United States (Armstrong, 1994). In 2005, 1718 chartered practicing psychologists were registered in Alberta (Membership Numbers and Fees, 2005.). A cursory scan through the Edmonton yellow telephone book (SuperPages Edmonton & Area, 2005/2006) reveals approximately 206 listings for psychologists and agencies serving a population of 666,104 for the city of Edmonton in 2001 (Edmonton Statistics and Reference Information, 2004). Some agencies specifically advertise as specialists in child sexual abuse or childhood trauma.

Prior to the explosive increase in psychologists, approaches to psychotherapy and theoretical writings developed and started to proliferate from the beginning of the twentieth century to the 60s (Pervin, 1970; Wikipedia, the Free Encyclopedia, 2006). Freud's psychoanalytic theory appeared in the late nineteenth century and in the early twentieth century Jung and Adler departed from psychoanalytic thought to develop their own approaches. In the 50s, Fritz Pearl's Gestalt therapy, Skinner's Behavior therapy, Carl Roger's Client Centered Therapy, and Maslow's Humanistic Psychology and Hierarchy of Needs were published (Gestalt Theoretical Psychotherapy, n. d.; Pervin, 1970; Wikipedia, the Free Encyclopedia, 2006). In the 60s cognitive behavior therapy contributors Albert Ellis and Aaron Beck published their work which was applicable to the treatment of depression (Franklin, 2002; Wikipedia, the Free Encyclopedia, 2006).

In 1989, Francis Shapiro introduced Eye Movement Desensitization Reprocessing (EMDR) procedure as a method to treat posttraumatic stress disorder (PTSD). When it was first introduced it was considered an experimental form of therapy, but by 2000 after randomized controlled studies determined its effectiveness, it has been promoted as an efficacious method of treatment for PTSD. It is a method that alters anxiety, beliefs, and behaviors that are related to PTSD. It is described as containing aspects of cognitive therapy and information processing, based on the assumption that PTSD results from maladaptive storage of perceptual information. What it accomplishes is exposure and desensitization to the stimuli that trigger the distress and emotional responses, insight and resolution to the memories associated with distress, and integration of healthy attitudes and behaviors. It draws from psychodynamic, cognitive-behavioral, physiological, experiential, and interactional theories and therapies. While using eye movements, tapping and auditory sounds the clients are asked to recalls traumatic or distressing memories. Extra training is required to ensure therapists correctly apply the technique (Shapiro, 2002). Therapists skilled in EMDR utilize it to treat individuals who experienced sexual abuse, physical abuse, and other traumas (EMDR International Association, 2002).

Mind-body therapies are another fairly recent approach to treating trauma. These therapies combine psychotherapy with methods to increase body awareness of emotions, images and behavior. They are based on the idea that unacknowledged emotions may remain in our bodies and have an effect on behavior, self-worth and identity. The body becomes the vehicle through which emotions and memories are allowed to surface. There are a number of mind-body therapies such as Somatic Experiencing, Hakomi Method, Sensiormotor Psychotherapy, Rubenfeld Synergy, and Integrative Body Psychotherapy (Dorsey & Jaffe, 2006).

Programs: The Badgley Commission and Onward

In 1980, the Canadian government, or more specifically, the Ministers of Justice and National Health and the Attorney General, established a Committee to investigate the incidence and prevalence of child sexual abuse, juvenile prostitution, and child pornography to understand the problems and formulate recommendations for legal reformation (Badgley, 1984). This has been widely known as the Badgley Commission (Lowman, Jackson, Palys & Gavigan, 1986). The Committee on Sexual Offences Against Children and Youths researched laws, conducted a National Population Survey, National

Police Survey, National Child Protection Survey, National Hospital Survey, and investigated juvenile prostitution, convicted offenders, and child pornography. The results were published in two volumes. With respect to child abuse, the National Population survey found that one in two females and one in three males had been victims of unwanted sexual acts (Badgley, 1984, p. 175). The report recommended many revisions to a number of laws such as incest and sexual intercourse with females under the age of 16. Other recommendations concerned the provisions of services to children who have sexually abuse, such as the establishment of effective services, co-ordination of government and nongovernment agencies initiatives on prevention programming and education for both adults who were victimized and children, development of standards of service for the investigation of child sexual abuse, and review child welfare legislation and protocols. Fifty-two recommendations were made.

The federal government followed through with some Badgley report recommendations such as establishing initiatives for prevention and education. The first project was established in 1986 to address child abuse. The Family Violence Prevention Division was established in 1986 as a federal agency that coordinated federal responses to family violence. Two years later the federal government commenced a Family Violence Initiative and The Family Violence Prevention Division, which responsible for the management of the Family Violence Initiative. Even before the second initiative ended, which was in 1991, the federal government established another five year Family Violence Initiative designed to address community responses to violence. As a result of the funding more than 1000 child abuse projects were organized. Projects involved public education, professional training and development, support and treatment of victims, community programs and prevention programming (Family Violence Initiative, 1999). One survey of child abuse and neglect prevention programs conducted by the Vanier Institute of the Family, sent out 550 letters to Canadian agencies and programs. Out of the 550 letters, 25% responded. Although there many more programs in existence, forty-six programs were selected and described in the Vanier publication (Meston, 1993).

In addition to the numerous programs created through government initiatives, many books and printed curricula were produced as to address specific age groups such as children, adolescences, adults, and parents. Curricula basically focused on teaching about different types of touching, developing assertiveness skills, and developing awareness of sexual abuse among children and adolescences (Harris, 1995). Prevention curricula have been criticized as too ambitious and developmentally inappropriate for school aged children. Some programs attempted to introduce up to 20 concepts to children and sought to empower children to act on behalf of themselves (Berrick & Gilbert, 1991).

Another facet of programming that has burgeoned are victim assistance programs. Within Alberta the largest source of victim assistance programs are operated by municipal police and RCMP detachments, while there are a few community based services. Alberta is reported to have 105 victim services units through the police (Department of Justice Canada, n. d.). One of newest Albertan programs available through the police, is the Zebra program which acts as a child advocacy in preparing children with court appearances, testimonies, impact statements, provide support, and link the child with other agencies (Department of Justice Canada, n. d.).

Nurses. Just over ten years ago, a group of Canadian nurses who responded to a random survey working in a variety of clinical areas indicated several areas of concern with respect to sexual abuse. Approximately half of the nurses did not know if they had ever looked after a woman who experienced child sexual abuse. Roughly 60% thought nurses working in psychiatry and pediatrics should be able to assess for a history of child sexual abuse. However, many nurses indicated a need for more skill and knowledge with respect to asking about child sexual abuse. As well, just under half of nurses indicated that by bringing up the topic of child sexual abuse they risked causing discomfort to patients (Gallop, McKeever, Lancee & Lucek, 1995).

A recent literature review conducted by Warne and McAndrew (2005) examined how prepared mental health nurses were to deal with child sexual abuse. The authors' suggested that nurses are still very reluctant to question their patients with respect to sexuality, sexual abuse, sexual dysfunction and relationship issues, while there is an increased awareness of sexuality issues. On the other hand, patients felt more comfortable talking to nurses about sexual issues as opposed to physicians. Even when mandatory questioning was part of the assessment interview, only one-tenth of abused patients' abuse histories were integrated into care plans. The authors found through their literature review that more nurses report a history of child sexual abuse as opposed to other groups of professionals; the reason may be that nursing offers a chance to care for others and deal with their unacknowledged problems.

Sharkey's (1997) review of the literature also concluded nurses often omitted questioning about sexuality and sexual abuse even when this aspect was structured into the assessment questionnaire. Staff reported feeling inadequate with approaching the subject. Several investigators concluded that nurses do not have the interpersonal skills or lack the confidence to deal with client's responses. A possible reason for this lack of confidence or failure to use interpersonal skills may be that psychiatric nurses are busy trying to manage the environment.

In the area of curriculum development, a national survey of American baccalaureate nursing curricula revealed that 47% of the nursing schools covered content related to sexual assault and rape in two to four hours, while 46% covered the topic in one hour or in assigned readings. In relation to child abuse, 62% devoted two to four hours of nursing content to this subject. Clinical experience in the area of child abuse or woman abuse was reported as mostly coincidental (Woodtli & Breslin, 2003).

From the preceding reviews, it would seem that nursing programs do need to focus more attention on the area of child sexual abuse. Incorporating this aspect into curriculum could be accomplished in subject areas such as pediatrics, psychiatry, and physical disorders such as fibromyalgia. As well, the development of helping relationships and facilitative interventions needs to be stressed in the area of psychiatry. Roles of psychiatric nurses, such as case management versus therapeutic facilitator need to be addressed as to increase awareness of how important the later role is in addressing the therapeutic needs of victims receiving inpatient treatment. Increasing nurses' comfort in dealing with child sexual abuse requires a broad approach that addresses general topics such as sexuality and more specific areas such as the prevalence, symptoms and coping strategies of adults who experienced child sexual abuse. Clinical practicum in sexual assault centers should also be considered as a possibility. Psychiatry is an ideal area where child sexual abuse could be integrated in the curriculum as many women and men with a history childhood sexual abuse come into contact with health professionals through suicide attempts (Plunkett et al., 2001).

Changes to psychiatric nursing will only occur if nursing educators for theoretical components and clinical educators stress the importance of the therapeutic relationship and deconstruct the medical view of psychiatric disorders as they pertain to child sexual abuse. As it is nursing is a profession which has a practical side and thus both theoretical and clinical education is important in students' education. Most often clinical educators have less education than do those professors, who spend their time instructing in classrooms, and clinical educators are more likely to be involved in clinical practicum. Thus a split often occurs between emerging theoretical approaches and evidence that would contribute to better nursing practice as clinical educators spend less time immersed in newer evidence and theoretical approaches.

Law

In 1983 Bill C-127 replaced previous laws on rape, attempted rape and indecent assault with sexual assault, sexual assault with a weapon, threats to a third party of causing bodily harm and aggravated sexual assault. These changes were designed to be gender neutral, to eliminate the defense of consent, and to broaden the offence as it was defined as violating the sexual integrity of someone. In addition, corroboration and recent complaint rules were no longer required, and evidence of the victim's sexual reputation was not admissible. Since Bill C-127 did not address child sexual abuse, Bill, C-15 was introduced in 1988. It eliminated Buggery, Acts of Gross Indecency, Sexual Intercourse with a female under 14 years; Sexual Intercourse with females between 14 and 16 years and Sexual Intercourse with feeble-minded (Department of Justice Canada, 1990). Incest remained basically unchanged as all participants irrespective of the age differences (i.e. such as father and daughter) still could be charged if there is no evidence of coercion or duress. New offences that were added are: Sexual Interference, Invitation to Sexual Touching, Sexual Exploitation of a Young Person, Anal Intercourse, Bestiality, Parent or Guardian Procuring Sexual Activity of a Child, Householder Permitting Sexual Activity and Exposing Genitals to a Child (Wells, 1990).

Media

Since the end of the seventies and beginning of the eighties, many books on the subject of incest and child sexual abuse have been published. As was noted in previous sections feminists first brought attention to the incidence of child sexual abuse in speak outs and subsequent publications on the subject (Armstrong, 1978; Rush, 1980). One of the early feminists to write on the subject was Sandra Butler who wrote *Conspiracy of Silence: the Trauma of Incest* (1978). She started to research the subject of incest as there was very little information on the subject. Investigating community agencies revealed to her dismay only a few agencies were able to deal with incest. Additional sources or information came from women's groups, community organizations, and feminist groups she contacted where she found incest survivors who would talk to her. Her book is based on women's testimonies. Separate sections deal with children who were sexually abused, the perpetrators, the mothers, and professional helping agencies. Throughout the book, Sandra Butler revealed how incest victims were pressured and coerced to keep silent and how it affected their lives. The people she interviewed represent a cross section of people from various socioeconomic groups.

Florence Rush (1980) also wrote about child sexual abuse, but focused on historical references and indications of child sexual abuse from the Bible and Talmud, Christian, Greeks, and Victorians. As well she also was among the first to analyze Freud's theoretical and clinical work with respect to hysteria and childhood sexual abuse. She speculated that Freud's Seduction Theory was replaced by the Oedipus Complex. Her book was very comprehensive in the breadth of topics discussed; others topics were laws in relation to child, early literature, child prostitution, and the sexual abuse of boys.

As previously mentioned Louise Armstrong's (1978) book represented the voices of women who experienced incest. It was a written form of the feminist speak-outs that were organized in the 60s and 70s. Similar types of books were published in this time period, all with written work women submitted to tell about their abuse (Bass & Thornton, 1983; McNaron & Morgan, 1982). They are an anthology of adult survivors' writing. The reasons given for theses books were to break silence (Bass & Thornton, 1983; McNaron & Morgan, 1982).

All in all feminist books broke myths related to sexual child abuse, such as it being related to poverty and isolated communities, a recent phenomenon, children willingly participated in the abuse and were seductive. The power dynamics and the gendered realities were exposed. The lived realities became known through feminist books.

The authors of *The Courage to Heal*: A *Guide for Women Survivors of Child Sexual Abuse* (Bass & Davis, 1988) promote the idea that it is possible to heal from childhood sexual abuse and base the book on a stage theory of healing gleaned from several hundred interviews of women who experienced childhood sexual abuse. Ellen Bass and Laura Davis placed advertisements in papers, wrote to women who had attended child sexual abuse writing workshops, and used word of mouth to find women for their interviews. After listening to many women's narratives, Laura Davis noticed similarities in women's stories. The book is based on these similarities. The authors begin by briefly discussing the effects of abuse and then proceed to discuss the stages of healing and changing relationship patterns. To facilitate change, the authors use discussion, examples from women's lives and exercises. The authors provide encouragement for women to continue with the healing process.

Praise for the book was given by one of the nine women, Sache who stated "*The Courage to Heal* was probably the best book." Another woman, Erin, used the book to as a resource prior to confronting her father. Possible reasons for its success may be that the authors are very encouraging and provide hope of healing; and the work is inductive in that it was based on women's experiences of what they used to assist their healing. The authors do not use professional or medial jargon thus the knowledge in the book becomes more accessible, unlike many other books written by professionals on the topic of healing and therapy. The seeds for the role of the wounded healing are planted.

In reference to self-help books, Sache's comments are very relevant. She explained:

> I don't think there's a lot as far as a lot of self-help mumbo-jumbo. Dr. Phil's going, "Figure out what it is." If only I knew, I'd have fixed it a long frickin' time ago! It's not that easy. It's not that easy. I don't know if it's harder for our generation....Nobody else around me would believe it happened.

Sache's comments refer to widespread denial that existed in her generation (she was born in 1959).

In addition to feminist research, anthologies and self-help books emerged another category of book. These were autobiographies of women who survived incest. *My Father's House: A Memoir of Incest and of Healing* (Fraser, 1988) is such an example. Sylvia Fraser is a journalist who chronicles her life from childhood to 1987. It is a very descriptive and moving account of her life describing both conscious and amnesia periods. In 1983, Sylvia remembered being sexually abused by her father. After this she started therapy and discovered that she had created a multiple personality who dealt with the sexual abuse. In the last chapter, after undergoing therapy, a divorce, and the loss of ex-husband through death, she appraised both her accomplishments and the tragedy she experienced. Sylvia described her life as being similar to surviving a good war.

Another very moving autobiographical account is of Truddi Chase's life, entitled *When Rabbit Howls* (1987). Truddi Chase seeks the help of a psychologist when she experiences memory lapses. She is diagnosed with Multiple Personality Disorder and through therapy discovers more than 92 alters all of whom were created from the age to two in order to deal with her stepfather's horrific physical, sexual and emotional abuse. It portrays the struggles that Truddi faced in dealing with her many alters and the process of psychotherapy.

While the number of books that are available to the public on the subject of sexual abuse are in the hundreds (Amazon, Search Results, n. d.), other mediums such as television and movies broached the subject of child sexual abuse. Televised talk shows are a specific genre in which child sexual abuse has been discussed. This genre arose from radio and 50 years of television out of which emerged the specific format of day time talk shows with audience participation. Such shows if successful are valued commodities, worth millions. Generally they are highly structured and orchestrated by the talk show host. One of the most successful talk shows is Oprah, hosted by Oprah Winfrey. Oprah started out as an anchor and then worked on a televised morning talk show in Baltimore and later in Chicago. Her public recognition increased in Chicago and later in 1985 the name of the show was changed to *The Oprah Winfrey Show*. On her shows she has broached the topic of child sexual abuse through interviews of adult survivors of childhood sexual abuse, such as Truddi Chase, and has disclosed on television her own history of incest. She has also narrated a documentary on the subject (Timberg, 2002). Her show has influenced at least one of the nine women from the older cohort, Cynthia, whose memories of sexual abuse were triggered by both the Oprah show and her brother's move.

Another television genre that deals with child sexual abuse is police detective shows such as *Law and Order*. More specifically *Law and Order: Special Victims Unit* is a weekly fictional series of a New York City Police Department that investigates crimes involving sex and children. It made its debut in 1999 and is produced by Dick Wolf. The plots are sometimes based on real life cases, but it does not reconstruct the cases as many parts are changed or left out (Wikipedia, The Free Encyclopedia, 2006). Some of the women commented on the television show in reference to its portrayal of sex crimes. For example, Sache commented:

> I watch a lot of cop shows. I'm hooked on the *Law and Order*, the old Dick Wolf thing, and I've got to say the *Special Victims Unit* stuff, now I've seen there's a little more outrage now, and justifiably. And it's good to see the outrage attached to it and portrayed, because I don't think there is a lot of it in real life; I don't think there's a lot in the media...

Movies have also dealt with the subject of child sexual abuse. For example, *Something about Amelia*, which aired on January 9, 1984 on ABC Theatre dramatized father-daughter incest of a upper middle class American family. The daughter, Amelia is an adolescent who becomes depressed and withdrawn. During a visit to the school counselor, she reveals the incest. Amelia's mother, who does believe her, displays strong emotions when learning of the incest. The father is portrayed as an average middle class man. Others movies that have been telecast are The Bed you Sleep In (1993), The War Zone (1999), The Boys of St. Vincent (1991) (MSN Movies Entertainment, 2006).

By the end of the 80s child sexual abuse was no longer silenced but was represented by many different voices in a variety of mediums. How has it been represented and does its representation portray the reality of child sexual abuse remain key questions. Armstrong (1994) believes that child sexual abuse as portrayed on talk shows created the air of a circus show; and more importantly infantilized and pathologized survivors' lives by focusing on the myriad of adjustment difficulties survivors displayed at various points in their lives. This may be true, but on the other hand media portrayals of child sexual abuse have created an awareness of its occurrence and pockets of media have created new roles for survivors based on the belief that recovery is possible.

Therapeutic Interventions

Women's contact for help spanned thirty three years as one woman accessed help as early as 1963 and another started her therapy as late as 1998. For some women help was initiated via the emergency departments of hospitals after suicide attempts, whereas others voluntarily initiated therapeutic services from psychologists or self-help agencies. The quality of therapeutic interventions varied as women reported both facilitative and uncaring encounters. Women's encounters with therapists, psychiatrists, nurses, and self-help agencies are described in the following pages.

Sabrina

Sabrina mentions how she became involved in group counseling after attempting suicide.

> I was in my late teens. I tried to commit suicide because of all this, and really it was really accidental. I was feeling very, very depressed, also having the start of my migraine headaches, and I ended up taking too many Aspirins and ended up having my stomach pumped because I had overdosed and not realized this is what I had done. But it all stemmed to what had happened to me. I did go for some counseling in regards to the sexual abuse, but in the group counseling, listening to all those young people and the terrible stuff that happened to them, I couldn't deal with it because I still felt so guilty; I felt so guilty as to what had happened to me.

Sabrina did not elaborate where she received the therapy, but the year would have been around 1963. This was the period of time where directors of general hospitals were expanding the number of beds allocated to psychiatric inpatient treatment, as four years earlier the Canadian government agreed to fund psychiatric units through the Hospital Insurance and Diagnostic Services Act (LaJeunesse, 2002). As well, group counseling was gaining momentum in the 60s. Its origins are credited to Moreno, a psychiatrist in the early twentieth century who used creative drama with children and organized a self-help group for prostitutes. Later he published work on group psychotherapy and psychodrama. Another contributor in the 40s was Alexander Wolf who theorized group psychotherapy could recreate family dynamics and therefore psychoanalysis could be applied in the group setting. By the decade of the 50s the utilization of group therapy expanded as it was used for treating emotionally disturbed children (Blatner, 2005).

Later after Sabrina was married she accessed support through Al Anon as her husband's use of alcohol increased. She revealed how she accessed support through Al Anon.

> So I went to my first Al Anon meeting, and I realized I was not alone; there are other women who were going through the same thing, who went through the same thing, so I had—and believing that God was a punishing God instead of a loving

> God. Throughout those years they used the program, and my spirituality with my Higher Power, my God, I managed to cope.

Al Anon uses a twelve step program that fosters loving detachment and group support for the partner or spouse of someone who has a drinking problem (Miller, Meyers & Scott, 1999).

Sabrina commented that she "blanked out" or dissociated memories of her father's rape and subsequent birth of a boy until she went to investigate her adopted daughter's whereabouts. It was at this time she remembered and adamantly responded that she did not want to contact her son.

> But what has happened, over the years I sort of blanked it out. Wasn't till about eight years ago I wanted to search for my daughter, and so I went to the adoption agency with the provincial government and said that I would be interested in it and signed the papers and that. At that time I also found out that the son that I had borne wanted to get in contact with me. I said, "No way. No way." I says, "I will give the medical history," and that's what I did. I'm totally detached from this child that I don't want to have anything to do with him.

At the time of the interview, which was in 2003, Sabrina disclosed how she was currently in counseling and also accessed the Sexual Assault Center for group psychotherapy. Sabrina told of her inability to deal with the other people's accounts during her group psychotherapy.

> I'm in counseling. I went to the Sexual Abuse Center and got in-depth counseling and took one of the courses, started a second course, and I couldn't handle it; I couldn't handle listening to other people's stories because my heart went out to them, and I didn't know how to deal with it. I don't even know if I could do it now.

Two investigators who conducted a literature review to examine the efficacy of group psychotherapy as compared to individual psychotherapy revealed that no one method was more effective than others (Martslof & Draucker, 2005). Luckily Sabrina realized that the group therapy was not working for her.

Sabrina goes on to comment on young women's awareness of rights.

> Today young women know that they can go and talk and say, "This is wrong! This cannot—this abuse is not right!" My stepfather's dead. I've been to the grave, been very angry at him, as to venting my anger, which was very therapeutic for me.

Notice Sabrina observed young women as being assertive and aware of their rights. Although she does not come and say anything about this in reference to herself, her statement implies that young women are more aware of their rights than what she was as a young woman.

In the following excerpt, Sabrina commented how she was still experiencing symptoms such as flashbacks (or delayed memories) and dreams.

> So at this point in time I'm dealing with some things from my past because I'm experiencing flashbacks and dreams. And I guess there's something else yet on my journey that I have to accomplish by taking better care of myself. I don't take very good care of myself; I'm busy taking care of everybody else.

As Sabrina indicated she wanted to consider and meet her needs. Often survivors have subjugated their own needs to the needs of others all their lives (Herman, 1981).

Angela

Angela did not recall the sexual abuse until 1998 and accessed help through a hospital when she attempted suicide. She explained how her life changed.

> Actually, I didn't have any knowledge whatsoever of *any* abuse until, it's almost been five years now. And how it came about, I was working, and at that time I was eventually diagnosed with clinical depression. I thought it was just stress from work....And it got to the point I couldn't even function; I couldn't get out of bed. And then I took supposedly six weeks off, and then I was going to go back to work, and off on the so-called stress leave, and things just got worse. I actually attempted suicide and ended up in hospital. Ended up with a psychiatrist, and I've been with him ever since.

Delayed memories of childhood sexual and ritual abuse returned to Angela since her first suicide attempt and were described in previous chapters. She also attempted suicide on other occasions and was subsequently hospitalized.

> I tried suicide on several occasions. I've been in the psychiatric ward quite a bit, from a month to three weeks to two weeks to one week to six days to—where everything would just become overwhelming, and I just couldn't accept it.

In the following excerpt Angela described her hospitalizations.

> Some of them were okay because I felt that's where I belonged, because I didn't feel safe, and at that point I made up my life that I wanted to live, and I didn't want to leave the kids in that way...I've been treated badly and talked to badly by nurses...You're treated like a second-class citizen that's perhaps crazy, and it's certainly not—what happened was crazy; I'm not crazy or anybody else in the ward is not crazy. But for the most part I was kept in a room with a security guard outside; that was for a while until it was ascertained that I was no longer a danger to myself. I have never been a danger to anybody else. It's always myself that I wanted to punish....Some of the nurses were great, but some of them definitely were not. Comments such as, "Oh, you're back again?"...Yes, this is number one on my travel destinations. [laughs]...."Oh, I remember you. You're back again?" "I'm he-e-e-re!" [laughs]

Angela's depiction as being judged and treated in a demeaning manner is unfortunately not uncommon as investigators similarly reported women's experiences of being hospitalized on psychiatric units as being treated in a manner that diminished their sense of self-worth and of being a person (Gallop, McCay, Guha & Khan, 1999). Likewise other investigators have documented women's experiences of hospitalization as traumatic and revictimizing (Fromuth & Burkhart, 1992).

Angela further expressed her dissatisfaction with psychiatric nurses and a psychiatrist.

> And at that time they weren't spending very much time with the patients either. That's the time that should be spent, is getting their life in balance enough so that they could go home....In fact, I went in the day of Hallowe'en, and the psychiatrist that took care of patients in there got dressed up as Dracula, and a white face. He had a black robe, and he had blood on his white whatever. And he would kind of jump into the patient's room and he jumped into my room, and that'd be about the worst thing I could see, is somebody in a robe with their face painted, and I guess I just backed up right against the wall. He apologized afterwards, but for two days—I have no memory of the next two days. I just left my body, and I don't remember my daughter visiting or my girlfriends, and I was just right out of it. Apparently I even saw my psychiatrist; I don't remember that. So I just blacked out for two days.

Angela's psychiatrist was able to advocate for her and make positive changes. In the following excerpt Sabrina listed some of the changes that occurred.

> My psychiatrist also works out of the same hospital where I was going into the psych ward, and he is the senior psychiatrist, and he was not very happy at all with that. He actually talked to the program director; then he asked me to speak to the program director as well:…So I did do that, and my psychiatrist was telling me there were a lot of changes afterwards. They changed the psychiatrists and some staff in there, and he himself, my psychiatrist, is still doing training with the nurses, psychiatric staff.

Angela is engaged in ongoing therapy with her psychiatrist twice a week and attends a support group from the Sexual Assault center. In the following quotes she described three areas the psychiatrist has addressed; these are acceptance of abuse and integration of alters, coping skills and discovery of feelings.

> And with the help of psychiatrists, I'm learning to accept that this happened to me and didn't happen to all these different alters through integration process, which will take a while.
>
> My last memory was about two months ago, so I've been getting memories for five years, and my psychiatrist said, "So you may be getting memory here and there for the rest of your life." He said, "There's no way of telling when they'll stop." He said, "The only thing that you can do is learn how to cope with it," and he teaches me coping skills.
>
> So when I first started therapy, I knew there were feelings, but I couldn't even label them; I didn't even know what they were. It took a long time to be able to put a label onto feelings—because feelings at our house were just not allowed. Anger was usually met with a slap across the face, and any happiness, it was put down, stuff like that. So when I first started with my psychiatrist, I had no idea what a feeling was.

Her psychiatrist's orientation is elucidated in the subsequent citation.

> My psychiatrist doesn't like labels…So he doesn't really use labels. He concentrates more on, like you say, the symptoms and how it's affected my life and my behavior and my way of thinking, and helping me to understand why, and then looking at, how can we change that?...So he very seldom uses *borderline personality disorder* or *dissociative identity disorder*, or once in a while maybe *PTSD*. He feels that everything falls under PTSD rather than all these separate labels.

In one part of the interview Angela identified her psychiatrist as comprising part of her "support group". From the preceding quotations it is evident that her psychiatrist has been orientated to assisting Angela with dealing with the trauma she experienced. At the time of the interviews, Angela had not been working for five years as she has been totally immersed in her therapy.

Caroline

Although Caroline never sought counseling for the childhood sexual abuse she experienced, she described how marital counseling assisted her to leave her abusive husband. In the first excerpt she described the effect his abuse had her self-esteem and confidence.

> I remember the father of my children had me convinced that I was a piece of crap under his shoe. I was well aware that the only time things should come out of my

> mouth is when he decided they should, and it better be what was in his head better be coming out of my mouth. He was a controller, and I just fell right into it. And so I walked with my head down; I spoke when I was told to speak. It was a very bad situation for me. On the other hand, I can be mad at him for it, but I know I allowed this to happen. He couldn't have done that without my cooperation.

Caroline goes on to elucidate how unwilling her ex-husband was to seek marital counseling.

> It was a terrible marriage, and after about a few years I was thinking of leaving him, and I actually went to see a counselor, because I was so torn I didn't know what to do. And I talked to this counselor, and I remember her parting words were something to the effect of, "Sometimes it's better for people to split up." She said, "I'm not telling you to do that, but you have to know that sometimes that *is* the right thing." I got home—and I had asked him to go with; refused—and I got home, and he was livid. He wanted to know *everything* that was said. Of course, I told him it was none of his business. So then he phoned the counselor that I had seen, and she was freaked. But, fortunately, she said the same thing. She said, "Ask your wife." So real controller….When I finally said, "I've had enough. I've tried everything. Okay, this is what I've tried. I can't try anything else. I'm out of here." So that was the way it was getting to be, and I told him I had found a place and I was taking the kids.

Her ex-husband finally agreed after Caroline told him she was leaving the relationship. She described how her ex-husband reacted to the counseling.

> *Then* he was willing to go for marriage counseling. It's a little late, but we did go, one appointment. He sat and just yap, yap, yap, and just—but I kept my mouth shut because I knew I'd get my turn. And when he finished and *I* started, the counselor finally turned to him and said, "You just want to run everything. She hasn't been able to say one full sentence without you butting in," and he was controlling, and that really—somehow when he said that, a light bulb came on. I thought, Okay, this is the end. We can come to this guy for the rest of time; I'm getting out of here. [laughs]

Caroline's light bulb moment in the counseling session was confirmation of her husband's inability to change.

Erin

Erin's account of therapy encompassed twenty-six years, starting in 1977 to the date of the interviews, which was in 2003. She started to experience severe anxiety attacks and was referred to a counselor who in turn referred her to a therapeutic community. In the following excerpt, Erin described the intensity of the attack during her trip to Western Canada in 1977.

> It might have been '77. So anyway, I took this little camping tour, and here I am in beautiful British Columbia, and we're heading into Alberta, we're headed for Banff, and the mountains are so wonderful; I'd never seen them before, and I was enthralled. I just thought this is the most beautiful place in the whole world, which I still believe it is. And as we're traveling in the mountains, all of a sudden sort of like this voice said to me, "You don't deserve this! You are a bad girl. You don't deserve this." Of course, the voice isn't coming from without; it's coming from within. And all of a sudden my heart was racing… I do remember kind of

> lightheadedness and whatever. So I said to the tour leader, I said, "Listen, I need to go to a doctor." So there was a walk-in clinic in Banff, so I went in there, and I had to wait…I went in and talked to the guy, and he just blew my mind, and I just sort of blurted out something like—in thirty seconds he says, "I know what's wrong with you," and I'm just sitting there and I'm going, "What! You know what's wrong with me?" And he said, "You're having anxiety attacks." I said, "Okay," and he said, "What you need to do is, you need to get yourself on some antidepressants" or something like that, and he said that "You should talk to your medical doctor, and you should seek counseling." I was already in counseling, so that part was happening.

Following Erin's vacation, she followed the physician's advice and sought help from her medical doctor who in turn referred her to counselor.

> He [the medical doctor] referred me to a counselor and the counselor referred me to this place called the WOTCH House, which is Western Ontario Therapeutic Community Hostel…So I went there [WOTCH House], and you do one-on-one with a counselor…When I went to her, she says to me, "So what is your problem, and what have you come to see me about?"…So I started talking about stuff, and she had started writing, and she stopped writing. After I'd talked for quite a while I said, "Why aren't you writing any more?" and she said, "Not to make it sound like it's a pattern, but I have heard your story before. It's a common story." I think that might have been sort of like, "What! It's a common story? It's happened to *other* people?" "Yes, it's happened to other people." And so it was like, "Aaah! I'm not alone, fighting this on my own. It's happened to other people, so there must be documentation, there might be some kind of therapy, there might be some kind of stuff that can help me." And so that was a little eye opener…So after the one-on-one with the counselor, then we went into these groups, and they were unbelievable. They were fabulous.

Although, Erin's disclosure to her therapist appeared to offer relief as she no longer felt alone, she continued to experience self-derogatory voices.

> I was so busy; I had *no* time, *no* time to try to sort out what was going on in my head. I just made myself so busy because I couldn't stand the noises inside my head: "You're a bad girl, blah, blah, blah, blah," back and forth, back and forth all these things. So I had to keep myself really busy to quiet these voices.

Erin moved to Western Canada in 1981 for the drier climate and to distance herself from her father. After arriving she initiated counseling but discontinued after her roommate abrasively commented on the counseling. She mentioned the impact her roommate had on her in the following quote.

> She was a real character; it's not a good character. And so I'd come home from one of my counseling sessions and she'd say, "So, did you talk about me tonight?" "It's nothing to do with you!" And she was just really kind of an abrasive—anyway, more abrasive people in my life…So then after that I didn't go to counseling for a long time, and then I don't remember what happened, what spurred me on, but I decided that I needed to go to counseling again.

As Erin mentioned in the preceding quote she sought counseling again. She was 37 or 38 years old (the year would have been 1987 or 1988) and during her sessions she worked towards confronting her father.

> So I went to her probably every third week. I'm still seeing her...So as I said, when I was there the first time, I would talk about this and that...The abuse is always there, my dealings with people, all of these things, and we would slowly work toward confrontation...It was a really tough thing to think about, because it would be confronting my abuser, and in a different way than just visiting at his house...Oh, man, did we do a lot of work.

A few years later, Erin's counselor helped her relinquish her sense of self-blame. Erin's recollection of this moment is contained in the following quote.

> I had to be probably in my early forties...I said something in the session, and...she said, "You know it's not your fault?" I said, "I beg your pardon?" And she said to me, "It's not your fault!" I said, "Are you serious?" and she said, "Yes." And I thought it was my fault *all these years*. It didn't matter to me.
>
> I had read poems; I had read stories; I had read novels; I had seen made-for-TV movies; I had seen movies in the theater. I had this entire media, where people in these shows, movies, poems and stories, where it wasn't their fault. But guess what I didn't do? I didn't say to me, "It's not *my* fault". I could distance myself from them and say, "It wasn't *their* fault, but it *was* my fault". And so when my counselor, the learned woman that she is, said to me, "You know, it's not your fault," was the first time that I [cries] allowed that into my realm of thought...And I said to her, I could not believe this...It just felt like someone had just— pushed this five-hundred-pound weight off my shoulders. [whispers] It wasn't my fault. It wouldn't matter, as I said before, if I was clothed from neck to toes; if he was going to abuse, he was going to abuse. It wouldn't have mattered how short my shorts were, how big my breasts were, how tight my shirt was; it wouldn't have mattered at all. He is that kind of a person and he would have done that. And that was just the absolute most fabulous news I had ever received in forty years of my life—not quite forty, because the abuse didn't happen till I was about six or seven for the first time- that the abuse was not my fault.

Then in 1994, Erin decided to confront her father and was able to think about advantages and disadvantages of various confrontation mediums such as a letter or in person.

> The more I thought about it, the more I—what I wanted to do is, I wanted to put it down [write a letter] so that I would know what to say, because I'm sure that if I approached him that I would say, "I want to talk to you about what happened to me when I was fifteen." "Pooh! Nothing happened to you when you were fifteen," and whatever. The other thing is that it would have been on his property, which he would know where every stick and whatever kind of weapon would be available, and I did not want to get physically abused by doing this. The other thing that I really couldn't face is him saying, "That didn't happen." And people told me, my counselor and other people that knew, they said to me, "Don't let him tell you that it's not his fault, that it's your fault. Don't listen to him on that." So what I decided to do is, I wrote it all out, and I ended up, I couldn't approach him face-to-face, and I left it some place in his house that I thought he would find it, and he didn't find it for a couple weeks *after I left*, which was really good because I was out of the province by then; I wasn't still in the province.

Following the confrontation and her return back home she described "crashing".

> And so I went there and I confronted and I came back out west. I'd say, about six weeks later, I crashed—and what it means is emotionally crashed—because I had

> been building myself up to this point for twenty-nine years! I had achieved that point, and then all of a sudden it's done. Now, it's not completely done, but one of the points that I've been working toward is done. And so that had been a goal for so long—like a person going to school, kindergarten to finishing university, and all of a sudden they're going——"I'm not in school any more. What now?" So this is what I had to do is, I had to reassess my goals, and I sort of went into a bit of a depression. It didn't last very long, because I pulled myself out of it.

Erin's account of therapy was positive as she narrated an account of initially gaining a sense of not being alone, then relinquished her self-blame and eventually confronted her father. Erin's account provides a sense of closure.

Helen

Unlike Erin's account, Helen's account does not provide a sense of resolution. Her first encounter with helping professionals was when she attempted suicide in 1970.

> I remember when I was in Grade 12, and I ended up in the hospital, the psychiatrist I saw…asked me about when I was a child and sex, and did I remember anything? I said, "No, I was a child! What would I remember about sex when I was a child?" And that's when I was in Grade 12, so see, even then it wasn't there. But a lot of that could have been blocking it out. I did such a good job; I buried things very deep, and all of the symptoms came up and kicked me in the butt.

Helen recollects attempting suicide again in 1988, just prior to leaving her first husband. She remembered not having an awareness of sexual abuse at this time.

> Now, I didn't have back any memories, because if I had had memories then, I would have, I would have—I don't know. As it was, I attempted suicide in '79—no, I got married in '79; in '88 I attempted suicide, and, fortunately, I wasn't successful. I still don't know how I wasn't successful, but I wasn't, and I left him [first husband] after that.

At some unidentified point Helen started to attend group therapy at the Sexual Assault Center where she began to become aware of her sexual abuse.

> I went to a group at the Sexual Assault Center, AMAC, or Adults Molested as Children; it was wonderful, because even when I went I didn't have memories per se. I had, "I think I was," and the feelings were getting stronger and stronger, so I went, and that's where I started getting back memories….I really was able to deny it for forty years, over forty years.

After Helen remarried and her stepdaughter entered adolescence delayed memories surfaced.

> But as she [stepdaughter] was starting to go through the changing, going into adolescence, into puberty, it triggered me bad with my memories, and I had real problems because I was dissociating all the time. It was almost impossible to keep in today. We worked a lot—my psychologist and I worked a lot on keeping a foot in today, because I would dissociate, and I would dissociate for hours. I still do.

Helen was seeing a psychologist at this time and at some point started to see a psychiatrist. Her next comments are in reference to the psychiatrist she was seeing in 2003.

> I go to see [my psychiatrist] and would wait for an hour to see her so that she can write down what she thinks. I happen to be Borderline, whatever that means and however she is planning on me getting better with it, I have no idea…When I asked her about being borderline and she said, "Well read this book."

Continuing with her account of what happened; Helen described how her psychiatrist didn't listen to her in the seven minute session.

> Did I tell you that I waited for an hour and half? She saw me for seven minutes. I felt really ripped off—like she does not hear me. She still had me on Dexedrine. And I couldn't sleep. I had been telling her "I can't sleep, I can't sleep, and I can't sleep". And she just didn't listen. And after I saw her for seven minutes I was standing at her assistant's desk, Jody. Jody looks at me and says "You don't look okay." And I started crying. I talked to Jody for half and hour. And I said "She doesn't hear me, she doesn't listen. I kept on telling her for so long that I am not sleeping ever since I started on the Dexedrine. [Prior to the Dexedrine] when I was having problems with the Ritalin, she just put me on Dexedrine and had me take less. But I still was not sleeping. And she did not hear that. I had been telling her that I was not taking it and I finally decided to lie and tell her that I was taking it.

Helen's next visit to her psychiatrist was very different.

> Next time I saw her for 45 minutes, and she listened to what I had to say, took me off the Dexedrine, and changed the antidepressant. I was so depressed. I am really affected by SAD [Seasonal Affective Disorder]. What I was on was not working. And she actually put me back on the antidepressant I was on when I first started to see her, Effexor. But I went two weeks later and while I was there she did her mail.

Helen's opinion of psychiatrist's is expressed in the following quotation.

> I do not go to a psychiatrist because I like them, because I have yet to find one that I like. And the one I had previously Dr. X, when he was GP he was wonderful. When he became a psychiatrist he was the worst of the worst. This is not fair.

As opposed to seeing a psychiatrist, Helen expressed a preference for psychologists. However, as she commented the price of therapy was just too much.

> I would have enough money to go and see Sandra a psychologist; only she graduated and started her own practice. I just can't afford her; she is $140.00 an hour, which means she is good. But I can't afford that. When I was seeing Nancy it would be ten and twenty dollars over, because both of our plans pay a maximum of $500.00. So if it is $60.00 or $70.00 we can afford the twenty. But I can't afford to pay those extra hundred or ninety dollars a visit…So I would change so that I do not have to see a psychiatrist….The one thing that I found out is that my psychiatrist's purpose in life is not to do therapy. *No*. Psychiatrists do not do therapy. And she used to. That is part of the problem

Unfortunately, Helen's experience with psychiatry was much less favorable than Angela's was. At the time of interviews, Helen was not able to work and was on Long Term Disability.

Cynthia

In 1997, Cynthia's awareness of childhood sexual abuse was triggered when she watched one of Oprah's televised shows on childhood sexual abuse. As a result of watching the show she was able to identify and name what happened. She remembered being sexually assaulted by her older brother. Cynthia described the how watching Oprah activated her memory.

> It was a coincidence that I saw a program on *Oprah* that really triggered it, and I went, "Oh, my God! That's me!" It helped me name it, that these feelings had a name; they really were—it was sexually abusive, and despite his [my brother] age,

> it had made an impact on my life. It was more than normal, exploratory childhood curiosity. I was distraught by it, wondering how I would face him, and I went into therapy at that time because it was that serious, and that's when Pandora's box opened.

Cynthia explained how difficult it was to talk about the sexual abuse due to the shame and guilt she felt.

> I guess I had something specific when I went to my first counseling session. I was distraught, but I had something very definite that I could bring to that session. And how far I've come from that first session. I couldn't speak aloud what had happened between my brother and me. At the end of the session what I felt was; "If this woman actually thinks I'm going to tell her out loud what happened between my brother and me, she's crazier than I am. It'll *never* happen". And actually, I don't think I ever actually have spoken it aloud. I may have read it to her, but it's still that painful, that difficult to speak....And I think a big part of that is feeling that I didn't fight back, I didn't say no loud enough, I didn't—so I must have—I let him. I didn't say no; I was too passive. I did say no; I did say no with him many times. I said, "No, no, no, I don't want to do this. No, no, no," but I didn't scream "No"; I didn't run away; I finally said "Okay." So the guilt and shame that I had let him, was unbearable.

As noted above, Cynthia commented how she had progressed in therapy. Yet in the following quotation she revealed how difficult it was to deal with the trauma.

> Sometimes I feel like putting one foot in front of the other is just too hard, and people believe in you and tell you to keep going. It's just like [sighs]; it just feels like a greater burden. Just let me rest. Let me rest a bit. I'm tired. I've been in therapy for almost six years steady, every week intensive therapy. And I see my psychiatrist every two weeks. It's a lot. And yet I'm better; I'm a lot better. But it's still really hard...It's not as simple as just going to the doctor and getting a pill. Good grief, it's taken three years for me to sort of get a handle on—well, they still change my drugs. I'm taking like eight different drugs for different aspects of my symptoms, and I don't know when it'll change again. And sometimes they'll put you on one that makes you sick; it's not fun.

Cynthia's depiction demonstrates the enormous energy and devotion she has directed towards therapy. She has not been able to resume work in her career and at the time of the interview had been off work for six years.

Lenora

Prior to her husband's attempt to murder her and their children, Lenora stopped drinking and sought help from Alcoholics Anonymous. She even accessed help from the women's shelter as she "couldn't live at home a lot of the time because it was too violent". Prior to her husband's murder attempt she started to access counseling help through a provincial addictions agency.

> But anyway, through their out-patient center I was going to them, and I had who I consider a really good counselor...who counseled me, yes, on my alcoholism, but she was more interested in my abuse! It was just really quite, quite surprising to me, and I showed and felt no affect about the abuse....The woman there was worried about my life. She was worried, and this really surprised me, she was worried that I wasn't going to survive. I got from her what I needed with respect to

> the counseling, and I continued to go to AA; I still continue to go to AA, so that's ongoing.

Lenora continued the counseling for one year and was in fact ready to quit the counseling when her counselor confronted her with the danger and violence she faced at home. Luckily Lenora trusted her therapist and listened to her.

> She sat me down and she told me a story about [sighs] somebody who she had found listed on the front page of the newspaper because her husband had killed her, and I said, "What are you trying to tell me?" And she said, "You are going to die," and I said, "What!" She said, "You are going to end up dead. That is my fear." That stopped me, (voice cracking) because I knew what I was living in, but I was under control, right? I always was under control. And guns and knives and all of that had been part of the abuse that Dad had used, and so what was the difference? But all of a sudden this chick was telling me I was going to die, and she meant it, and I trusted her. So I thanked her very, very kindly and told her I'd think about it and told her that—I think we maybe even made a plan as to how I was going to stay alive or something like that. I think I had to do all those things before I could get the hell out of there. Anyway, I did whatever she needed me to do so that she would feel better.

After this Lenora's ex-husband did attempt to burn her house down while her children were sleeping. Lenora was able to escape and call the police from a neighbour's house. Following this she left her first husband. After this her daughters started to exhibit signs of being sexually abused; once this happened Lenora restarted therapy.

> I started therapy, long, intensive, deep therapy, and began the reconnection of my feelings to myself and got a whole lot of stuff explained to me and was in therapy for five years—really a long time. And during the time that I was off work [sighs], there was one deep therapeutic session a week from this one lady, and one from another, and one for the kids per week, and something else—plus, of course, AA, which was ongoing. So it was like one never-ending therapy, so I sort of grabbed onto therapy with everything that I could to stay alive and to keep going. And, of course, there was the divorce and there was everything else. But I did it. [laughs] Or we did it, or I did it. With a whole hell of a lot of help from a whole lot of people, I was able to get through and began repairing the mess that I had made of my girls' lives.

Lenora mentioned she always remembered the abuse. She explained this in the following quotation.

> I remembered my abuse the whole time when I was being abused and after I was abused, that the way I coped was by completely disassociating my emotions from the memories. I would talk a little bit; I would drop hints and/or talk about the abuse in a very nonchalant way before I actually started getting into the healing process. I got into the healing process in 1988. I began healing after my divorce—or after my breakup, before the divorce. I realized that I needed a therapist, and so I went into therapy and began talking—but the therapy at that time was still a bit about my alcoholism more and really more about my children.

The point where Lenora started to deal with her sexual abuse was after her boyfriend, who later became her second husband, provided a supportive responsive to her disclosure. She explained how this happened.

> [sighs] Then in the summer of 1988 when I met my current husband, it was evening, and he was in my house. He was actually downstairs in the rumpus room adjusting the stereo or something, and I was in the kitchen doing whatever I was doing. My brother came in and walked in unannounced, as he did at the time. He said hello and I said hello, and I kept working. And the man that I've now married came up the stairs, starting coming up the stairs, and I remember a very uncomfortable silence as the two of them looked at each other. Didn't say much. And then my brother left, and my husband stayed on for the evening.
>
> Two or three days later my now-husband and I were in a car, and we were going down the road; we were driving down a highway, and he asked me, he said, "So," he said, "it was your brother who abused you, right?" He was going about ninety miles per hour, or I'd have jumped out of the car, because I had attempted to tell my first husband, and he was just going to go beat everybody up, and he was this and he was that, and I thought, Oh, my God, here we go again.
>
> And so I just said, "Yes," and I was just really, really afraid. And then he began supporting me. That was just really, really helpful. So that was the start of it.
>
> And then after that I got into the healing with my therapist very, very strongly. Started reading the books that were available at the time, the Susan Black books and various other ones. I don't remember anything on the air at all. I don't remember any movies; I don't remember any shows. There probably were, but I don't remember any.

Susan Black (1988) edited "The Prophet Joseph Essays on the Life and Mission of Joseph Smith".

In the following quotation Lenora described how Alcoholic Anonymous (AA) assisted her through therapy as an hour a week with her main therapist was not sufficient time. As well, she described how two of the groups were not therapeutic.

> I tried to rely on AA a lot. They sort of kept me sane throughout the process. I found that my main counselor was okay, but an hour a week isn't a whole lot, and there was at least one counseling process that was not good at all—or was it two different groups? Yes, two different groups, the anger therapy via beating with the rubber bats. That was not a good experience. And also there was another one in which I did not at all feel supported, I took my feelings of not being supported back to the counselor, and during the interview she was very kind and nice. She nodded sweetly and said hello and all that kind of stuff, really nice stuff. And then instead of keeping my talk confidential, and before asking my permission, she took it back to the group, and they told me that my perception was wrong. They were supporting me. I just felt that not only was I not being supported, by now my trust had been betrayed…They told me I was full of shit anyway—very, very nicely. So I had the two bad experiences. But the books, the books and the projects, and throughout it all AA just helped me go to it.

Alcoholic Anonymous promotes a nonjudgmental and self-help approach through a 12 step program. It has been theorized as promoting cognitive restructuring through the 12 steps and mentoring from those who have successfully integrated the steps into their thinking patterns and lives (Steigerwalk & Stone, 1999). In addition, investigators have noted that AA members have better outcomes for abstinence over a longer period time as compared to those who solely relied on therapy and do not use AA (Gossop, et al., 2003; Moos & Moos, 2004).

Interestingly, Lenora revealed how she turned to organized religious groups for assistance prior to first husband's murder attempt. As she indicated in the following quotation she did not receive the assistance she was seeking.

> At that time too I began being a part of—I had been suicidal during that time too and started inviting the Jehovah Witnesses into the house and just whoever sort of—who and whatever. Went to a Baptist revival meeting and a this and a that, trying to look for—I was Catholic, and I phoned the priest who had married my first husband and me, and he and I were also friends from working in the nursing home. He's never returned my call, and I did say that I needed help. I probably didn't say I was going to commit suicide because I don't ask for help that strongly. But I did make the call, and I've never gotten a call back from this man.

Fortunately Lenora accessed help after she left her husband and continued healing even after the five years of therapy were finished. At the date of the interview, which was in 2003, she wanted to start forgiving those who traumatized her during her childhood.

Sache

Sache's experiences with therapy began at the age of eleven when she felt suicidal, although she did not comment on what her therapy was like at the age of 11.

> Therapy-smerapy. I've been seeing therapists since I was eleven years old, and I've had two that actually did more good than they did harm, and it's a crap shoot.

Her narrative basically begins, as was noted from previous chapters, at the point where the court mandated treatment at a psychiatric unit in reference to a charge of sexual immorality. As a result of her hospitalization she was administered sodium pentothal; the results were therapeutically disappointing. Sache stated:

> I was hoping to get some big revelation when I heard the tape, and there was absolutely nothing on there that I wouldn't have said without being under the sodium pentothal.

In the next excerpt, Sache narrated how she readmitted herself to the psychiatric unit she attended when she was 15. She was in her thirties at this time and once again is disappointed by the outcome of therapy. The first statement of the quotation refers to her symptoms.

> I didn't know what made me behave like I did. I just didn't know where it came from. Then I wound up being back in therapy. I did that same program again in my thirties, and same thing: I remember looking forward to doing this one group work with this one lady that I really admired and thought, Okay, this is going to be good. And you had to do family-origin stuff, and I just drew a blank. I just drew a complete blank, and instead of going "Why?" she just said, "I'm really disappointed in you. I thought you could have done better" and kind of gave me shit, and that was that.

Following the program Sache continued to believe she was a bad person. She described her internal attributions.

> But I knew there was something, there was a reason, and I just kept thinking it was because I was a bad person, that I deserved all this stuff. And I knew what I was doing wasn't good, but I didn't know how to stop, and I didn't know where it came from.

Sache then described her recent experiences. More specifically she talked about her experience with Canadian Mental Health.

> I even went to Canadian Mental Health at the beginning of last summer [2002] and had a really, really, really bad experience there too. It was like, "Okay, you get three sessions. Read Dr. Phil." Well, kiss my big, fat ass! Thanks, but no thanks. So then, of course, you go through another three, four months, staying on the pills and still knowing, knowing somewhere that you need somebody to talk to, and then going through the Yellow Pages and finding the first ad that said "compassionate," "compassionate." And she was, and it wasn't about money either; it was prorated, because a lot of this stuff isn't accessible unless you have money either.

The therapist at Canadian Mental Health was referring to Dr. Phillip McGraw who has written several self- books. One of the earlier ones (published in 1999) is *Life Strategies: Doing What Works: Doing What Matters* which focuses on psychological change and success (Amazon, n. d.). Sache's response was to refuse the counseling at the agency. Sache might have meant Edmonton Mental Health as Canadian Mental Health is an agency that provides life skills training, housing, assessment, and day programs (Canadian Mental Health, Edmonton Region, 2006). Whereas Edmonton Mental Health provides counseling services for no fee to those who are experiencing moderate to severe emotional distress (Inform Alberta, Service Profile, 2005). Sache also commented how price of therapy is prohibitive for many. At the present time Alberta psychologists can charge $150.00 for 50 minutes of therapy (Psychologists' Association of Alberta, 2006).

While Sache was not impressed when she was told to read "Dr. Phil" she did mention one book which helped provide insight. She stated, "And then bells and whistles went off, and finally I read *The Courage to Heal*, and then I went from there."

In relation to her therapy and other experiences, Sache summarized it in the following sentence. "And no real help, no real mental—I've been through the system a thousand times, and nothing, till I finally met this lady that helped me a lot last year". She goes on to talk about the effects of using antidepressants.

> …For the first time this past year I actually started feeling it and connecting to the feelings that go with all those things, and starting to feel again, because I also spent about twelve years on antidepressants. So when I decided to stop taking the antidepressants and *feel* stuff, I could actually start feeling everything, because not only do you not feel depressed when you're on antidepressants, you don't feel anything….I have never ever had someone sit down with me and give me a diagnosis—not ever, because I guess if you're depressed and mental, you don't have the intelligence to figure it a label out or something, because I've never had any—that's why I stopped taking the meds, because I thought, "You know what? In all these years—I've been on these things for twelve years, and no one's ever told me if I can stop, what I have to do to stop".

Sache's last comments reveal how she never received patient education and felt it may be related to her status as a mental health patient. With respect to the subject of stigma one author noted from her brief literature review its association to persons with mental illness (Halter, 2002). Surprisingly, psychiatrists also generate stigma by attaching negative attitudes to patients who suffer from different forms of mental illness (Beales, 2001; Chaplin, 2000). No doubt this may also pertain to other professionals who work in the area of psychiatry.

Rolande

Rolande's therapy first started when she was 25. As per the following quotation she believes healing occurs over a long period.

> I think that healing is a lifetime process; it's not something you just go to treatment for thirty days and come back and your life is great. It's ongoing. I've been in therapy since I was, I'd say the first time in therapy I was twenty-five; and the last time I was in therapy was in '99. There's part of my life where sometimes I just can't handle it. I just need to talk to somebody just to get it out.

Her psychologist among many others told her she if she continued with her addiction, she would end up dead.

> And I remember, I must have been about—I can't remember—in my late twenties, I think, and I really tried to sober up; I was trying to sober up, and I'd been drinking ever since I was fourteen years old. I always had a mickey in my purse all the time. I ran away from home, so I already knew. And I remember my psychologist telling me, "You've learned how to handle men; you can handle men. I'm not worried about you about taking care of yourself; you know how to take care of yourself. But what I'm worried about you is that you're going to lose yourself; you've lost yourself. You keep on doing this, by the time you're twenty-seven you're dead." And I was on the verge. People used to think, "She'll never make it till she's thirty", and so I've had a lot of people tell me that.

Rolande's memories of sexual abuse returned to her when she was thirty years old. As she states in the following excerpt she dreamt she was talking to her psychologist and later when she was shopping her memory of the abuse returned.

> I think I was about thirty years old. I had this dream, and I was dreaming that I was sitting there, and I was talking to the psychologist. And so she was asking me about how my life was going and stuff like that, and I was saying to her, I said, "I'm having fantasies." I said, "I'm masturbating men and stuff like that." She looks at me; she goes, "You can't be doing that. You're only five years old." And I said to her, "Yes, I do it all the time," I said. I woke up and I thought, Oh, that was a weird dream. So I got up in the morning; I started washing dishes, and I just really felt out of myself; I didn't feel—and so I told my son, "I'm going down to get some groceries, and I'll call you to come and help me carry them." So anyways, it was on a Saturday morning, and I'm going to Loblaw's and I'm shopping. All of a sudden I started crying. My tears were like—and I'm going, "What the hell's the matter with me?" And I'm trying to dry up my tears, and I'm buying some stuff, and I just can't stop crying, so I finally tell my son, "Come down and help me with the groceries." So anyways, and he's running down [laughs], and he sees me crying. He goes, "I'm sorry, Mom!" [laughs] He says, "I didn't mean to be late." And I'm going, "No, no, it's not you. I'm so sorry." [laughs] And he thinks I'm crying because he's late. [laughs] And all this time—and that's when I started dealing with my sexual abuse.

Overall Rolande commented how on lucky she was to have such good people in her life when she started to deal with the sexual abuse. She commented:

> And dealing with this one—in my thirties I started dealing with it, and I had some really good people around me. I did; I was very lucky. I had some good people around me.

Rolande did not comment on the time she spent on a psychiatric unit following her attempted murder suicide. At the time of the interviews Rolande was working in her chosen career.

From the preceding discussion of women's experiences with therapy it is apparent that therapeutic experiences came from many different sources such as addiction counselors, psychologists, psychiatrists, therapeutic groups, and self-help agencies. The least helpful experiences were often sources that other women found helpful such as psychologists, psychiatrists and group therapy. As Angela noted psychiatric nursing staff sometimes responded to her in a dehumanizing manner. In addition, the counselor that Sache encountered at Edmonton Mental Health was insensitive to her needs. With respect to methods, none of the women mentioned whether or not techniques such as EMDR, mind-body therapies or cognitive therapies were helpful. Lenora did mention that AA kept her sane during the five years she was involved in intensive therapy and how she found two groups unhelpful. Sache indicated in her discussion of therapists she had only found two that helped her.

Type versus Quality of Professional Help

So what is important is perhaps not the type of helping professional such as a psychiatrist versus a psychologist, but the helping professionals approach and relationship that is established. Armsworth (1989) investigated self-reports of 30 adult incest survivors to find out if helping professionals were helpful. The adult incest survivors reported seeing from one to nine professionals. Half of the adult survivors saw between 2 to 3 professionals. One sixth of the adult survivors saw 5 to 9 professionals. Among the 30 adult survivors a total of 113 professionals were consulted. Among the 113 professionals, 18 were rated as harmful. Among the 18 professionals, the majority were comprised of psychiatrists and male ministers/priests. Reasons for the harmful ratings were attributed to: sexual involvement, blame directed towards the adult survivor, disbelief of disclosure, over used drugs or the minimization of the importance of incest. Six attitudes or responses were considered helpful: these were belief, conveyance of warmth, caring, empathy, understanding, and compassion, attribution of responsibility directed away form the adult survivor, professional did not react with shock or disgust upon disclosure, adult survivors no longer felt alone, and the professional helped stop the incest.

Significantly, Armsworth's (1989) investigation was done in the latter end of the eighties, almost twenty years ago. Hopefully the disbelief that characterized some responses of therapists to disclosure from adult survivors would no longer occur. But, her research does demonstrate the importance of the quality of relationships established between therapists and adult survivors. Among the women who talked about negative experiences with helping professionals, it was the lack of respect or some sort of negation that women referred too. For example, while hospitalized, Angela mentioned the disrespectful or derogatory comments that were directed towards her. Lenora's perceptions were disregarded by the group members and leader. Sache's contact with a Mental Health Agency was not favorable when told to read Dr. Phil. As well, Helen described how her psychiatrist failed to listen to her, did her mail while Helen was present, and provided her with only seven minutes of her time. As indicated in an earlier section, many therapeutic techniques are currently available in the treatment of child sexual abuse. Yet, from women's accounts it was not the technique that counted, but the quality of the therapeutic relationship is what appeared to matter most.

In summary, while experiences with therapy were often difficult, Erin, Lenora and Rolande did feel a sense of having healed from the child sexual abuse. Angela and Cynthia were still immersed in their therapeutic interventions as memories of the abuse didn't return until 1996 and 1997 respectively. Helen and Sabrina still continued to experience troublesome dissociative symptoms. Helen was not able to afford the services of a psychologist and was not receiving what she considered as therapeutic interventions, while

Sabrina was still in counseling. Sache had started therapy as a child, but only in the last year (2002) did she start to deal with child sexual abuse. As for Caroline, she explained she never felt any shame from the sexual abuse. All women had broken their silence about being sexually abused. Like media depictions of child sexual abuse, they were no longer silent and sought to heal from its effects.

From women's accounts, two sources of media were spontaneously revealed in the interviews as they shared their life stories. These were the book *Courage to Heal* and the television talk show *Oprah*. Both of these media sources positively represent survivors of childhood sexual abuse as Oprah herself was sexually abused as a child and of course the book Courage to Heal is based on survivors' experiences with healing.

Disclosures

While disclosures of abuse occurred throughout women's lives, only three of the nine women disclosed the abuse as it occurred. Recall that Helen, Cynthia and Rolande disclosed incidents of sexual abuse in their childhood. As children all three had negative responses to their disclosures which definitely stymied subsequent disclosures as children and adolescents. With respect to Lenora, her family knew about the incest with her brother and cousin throughout her childhood and adolescence, but they tried to stop it through physical beatings and emotional threats. As adults, all women disclosed to family members, either to their families of origin or procreation. Both of Helen's parents are deceased and she has never disclosed to her siblings. As an adult, Sache was the only person who disclosed to her parents prior to undergoing therapy. As adults some women's disclosures were positive in that they were believed and supported while others were not believed or their relationships were severed.

Sabrina

During the years Sabrina has divulged to her children how she had given up her illegitimate daughter for adoption and the sexual abuse she experienced.

> Oh, and I explained to them what had happened to me when I had my daughter and that, yes, when you're young your emotions run high, and this is the result of it. So I've been very open and honest with my family, especially my children. We've just got two children between us. They also know about the abuse that I suffered at my stepfather's hands as growing up.

Sabrina did not comment on how her sons received her disclosure.

Angela

In the following quotation Angela described how she chose to confront or disclose the abuse to her mother and father.

> But I disclosed to both of them by way of letter, not by telephone, because I knew that I would get upset and my mother have the option of hanging up on me, and she can't do that with a letter, so—I got a phone call after that letter. Of course she [my Mother] was in big denial....She said I was lying. And I said, "Okay, Mother." I said, "What purpose, what motive would I have in all of this?" I said, "There *is* no motive." She [my Mother] said, "I took your letter to a therapist, and they said there's no such thing as repressed memories, and blah, blah, blah." And she [my Mother] said, "I would have given up my life for you," and I said, "I didn't want your life; I just wanted your protection." I said, "This did happen, and," I said, "I

> don't really care if you believe me or not." I said, "But from here on in, you and I will never have a relationship [with you] for the rest of [my] life." I said, "I don't care to."

Angela displayed great strength as her mother accused her of lying; Angela didn't recant in order to save her relationship with her Mother. Instead she continued to assert it happened. In the following excerpt, Angela revealed how her mother contacted Angela's children.

> She's quite a manipulator and always—I can look back now, and very good at manipulating, making people feel guilty. She even called my kids individually and told them that I was lying.
>
> Ann: And your children, how did they respond?
>
> Angela: Oh, they said that they believed me. So my son has chosen not to talk to either one of them, and my daughter has chosen to speak to my mother once in a while. I gave them the choice. I told them, "I will no longer have a relationship, but it's your choice." It's like taking away grandparents from them and that. They're victims too.

Angela's children are both grown, but continue to support her as goes through the process of recovering memories, finding alters, and integrating both memories and alters.

Angela also reveals what it is like to disclose to someone who is not supportive. She describes her loss in the following quotation.

> But I lost a very good friend over this. We were friends for over twenty years, and she just couldn't handle being around me. And that was very sad. But I guess one thing you learn is about healthy relationships and how to know the difference and have people around you that are caring and supportive, and you soon weed out people, and you end up with maybe one or two really close friends.

Even though this was a painful experience for Angela she has learned the difference between healthy versus uncaring relationships.

Caroline

Caroline's disclosure to her siblings about her brother-in-law's sexual abuse was positive and supportive.

> He [the brother-in-law] was dead before we even found out that he had done it to all of us. Yes, he died of a heart attack, which kind of ticked me off because I wasn't old enough at the time to go up and punch him in the mouth and say, "You bugger!" [laughs] And I felt like he should have said "Sorry" to me—or to all of us. He must have died about twenty years ago.

Caroline recalled how the disclosure occurred.

> We were all kind of sitting around together, four of us sisters—the one in Ontario we don't see much—and I don't know how the subject came up. I think it might have been a result of this next man she married, who I believed was an abuser. That's when I said, "My kids will not be alone in a room with that man," and then it sort of came out. We started talking, and she was just devastated.
>
> Ann: Did she believe you?
>
> Caroline: Oh, without question. She didn't doubt it for a second. The first time somebody said something, she just accepted it as the truth. But like I said, we've always been close; we don't lie to each other. If I'm doing something totally, ridiculously stupid, I won't lie about it because they're not going to judge me.

Caroline attributed her sister's belief regarding the sister's deceased husband's sexual abuse to the trust and close relationship that existed between her sisters.

Erin

Erin's father not only sexually abused her, but also abused five of her six sisters. The first time Erin's sisters disclosed to her was when she was in twenties. The response was favorable as Erin reported no longer feeling alone after the disclosure occurred.

> We [Erin and her sisters] were helping my sister move and…the sisters and I were sitting; there were four of us. There wasn't any furniture there; we were sitting on the floor. And one of my sisters, I forgot what the one remark was, but my other sister said to her, she said, "Yes, your boobs always did get you into trouble, didn't they?"...And I'm going, "What you say here? What do you mean, 'Your breasts always did get you into trouble'? What does that mean?" And they said, "Didn't you know?" "No, I *don't* know. What do I need to know?" Of the seven sisters, six of us have been molested by my father….Two of them even had to endure intercourse with him…But, as I said, of the seven of us, six were abused….So here I am like twenty-five or twenty-six years old, and I'm finding this out for the *first time*! I thought I was alone in the world, that it happened to no other person, and it didn't happen to any of my sisters. I found out along the way I'm not the only one in the world, and I'm not the only one in my family.

The next time Erin disclosed the sexual abuse was through a letter (which had been written in 1994) that was addressed to her father. Apparently her mother found the letter and also read it. Her mother's response was to reject Erin.

> It was probably about five years [approximately 1999] before I saw them again. I was not invited to their fiftieth wedding anniversary because I'm the problem child here, says the oldest sister. You know what I mean?
>
> A: Yes.
>
> Erin: She didn't want any trouble, and I said, "I'm not going to make any trouble." "We don't want you there." "Oookay, fine, I won't be there." The first time I'd seen them was at my nephew's wedding four years ago this past June, and as I walked through the receiving line, they were standing there, and I just acknowledged them: "Mom, Dad," and kept walking. Their faces were very stern and stony. And I had heard my mom—oh, my God, oh, my God, oh, my God, my mom—I love my mom. All this crap that she's been through in her life, and I know she knows that he molested the kids, but she decided to stay with him. And friends of mine say to me, "How can you love your mother if she did not stand by you?" I said, "I don't know, but I've *always* loved her; she's *always* been my ally," except in this one case. But I don't care what other people say; I love her.

Erin was able to approach her mother at the wedding and begin a conversation and over time reestablish a relationship with her mother. She has also seen her father who was physically ill at the time of the interviews.

Cynthia

Cynthia never planned to tell her mother about the childhood sexual abuse she experienced. Instead her mother inadvertently found out from Cynthia. Initially her mother provided supportive comments when Cynthia reluctantly told her, but later expressed her disbelief.

> When the brother that I told you about that had been away and was moving back, when he did move back, my mother couldn't understand why I was not being friendly, why I hadn't been out to see his new house, and she wouldn't stop bugging me about it. I kept saying to her, "You know, Mom, leave it alone. Just, it's between me and [my brother]. Leave it alone." And she wouldn't stop and she wouldn't stop and she wouldn't stop, and finally I said to her, "Look, we're adults. You're treating me like a child! Let it—" And she wouldn't; she just *wouldn't*. So finally I told her about what happened, and she remembered the incident. Well, she remembered one of the incidents; she didn't remember anything about the time he took me in the bathroom. But then I told her about my grandfather, because by that time I was angry, and I think I told her about my grandfather just to say, "I'm dealing with a lot. Back off! Leave me alone! I've got enough stuff to deal with." But when I told her about my grandfather, the first thing she said was, "Well, I hope your father never touched you". I was just aghast…And I had never intended to tell her about my father, and I couldn't say anything. She said, "What does that silence mean?" I just started to cry, and she knew. And then she said—it was so weird—she said all the right things. I think I've decided my mother is the most unempathetic person I've ever met, but she said, "Oh, I'm so glad you told me. I know something's been wrong for a long time. I'm glad I know. I wish you had told me before." And then we went for about four months without talking about it, and it bothered me, so I finally brought it up, and she said to me—and she had been treating me like nothing had happened, and when I brought it up she said, "I don't want to talk about this. I don't want to hear this. I don't believe it. I'll never believe it." She was just like, "I'll *never* believe it. I don't believe your father would *ever* do something like that. I don't believe it." And I just lost it; I was very suicidal that night.

As Cynthia indicated in the last eight sentences of the above excerpt, her mother's disbelief deeply affected her; to point where she felt suicidal.

Cynthia described the effect that disclosure of the sexual abuse has had on her relationships.

> I lost friendships when all of this—I lost friends of twenty years that just turned their backs on me. I lost everything! I lost my career, I lost my family, I lost my friends, all in a very short period of time—everything…I hung onto my therapist for dear life, and still am. [cries] I don't know what I would have done without her. And slowly I'm building new friendships, new family, family of choice; and that's good.

Cynthia also disclosed to some of her brothers who chose not to believe her.

Lenora

Although Lenora's family knew about the sexual abuse, Lenora did describe how members of Christian group reacted to her disclosures.

> I joined a fundamentalist Christian group after that and have found an awful lot of comfort and help in not the fellowship at all—I continue to be different—but in the words and in the Bible and in *their* thoughts that they share about themselves rather than what they want me to share with them. I learned very early on not to share anything. When I did, they patted me on the head and said, "Rough background," and I just really don't like to be patted on the head. [laughs]

Lenora's early disclosures to fellow Christians' were not favorable due to their patronizing responses.

Sache

Recall that when Sache returned overseas after graduating from high school she was sexually assaulted by two of her uncles. One of the first people Sache disclosed to was her Uncle's fiancée and then her aunt.

> So it [the sexual abuse from the uncle] happened over and over, every night. So after a couple of weeks his fiancée, then-fiancée, had got me a job at the office, and she started to know after two weeks I was a basket case. She called me aside and she said, "What is it? Something seriously wrong? What is it?" This is the man she did eventually marry [laughs], and I told her. And the only way she would believe me is if I went on the bus with her and I told my aunt, his sister. So I went and I told my aunt, and they cursed and cussed, and why did my parents leave me there in the first place? And then I wound up living at my aunt's.

Sache's Aunt believed her, but reacted in a way that demonstrated little concern for well-being and subsequently failed to protect her from subsequent sexual assaults from the male members of her household.

A few years later after Sache returned to Canada, she was divorced, and training with the Distress Line. While her mother stayed to help with her children, Sache disclosed the sexual abuse she endured from her uncles.

> And my mother just happened to be up here, because that was when I got divorced, and she came up to help me with the kids so I could do that training. I said, "I don't understand. I'm not trying to blame you, but I've got kids, and that's the first instinct a child has, is to go to your mommy. And why wouldn't I have gone to you when I was five years old?" because we used to go to that uncle's house every Sunday; I *dreaded* going there. She must have—she should have, must have, I don't know, but she didn't notice. And I would *dread* it, and *every* Sunday I'd have to go off with them to the room.
>
> Ann: So how did your mom respond to you?
>
> Sache: It was awful. She went into total denial, she didn't want to hear it, and she did her own thing, because my dad got really sick after that too, and I guess it was hard for her to realize that….I had asked her not to tell him [her father]. I wasn't ready. I said, "I'm not ready," and she used it in her marriage for her own reasons.

Sache's mother's choose to not believe her and betrayed Sache's trust when she subsequently told Sache's father.

Obviously, there is much to lose when an adult survivor discloses to family members about child sexual abuse. On the one hand there is the risk of loosing familial support in a matter that deeply affected oneself; this can be devastating as it was for Cynthia. From women's narratives, adult disclosures to mothers were not positive events, as their mothers were punitive, blaming or disbelieving. Evidence from survey research of female undergraduate psychology students (Arata. 1998) supports the notion that older women's mothers are more negative towards disclosures of child sexual abuse. The nine women's mothers were from cohorts born approximately twenty years prior to the women in the study.

Cynthia and Angela lost friendships when they disclosed. Tomlin (1991) investigated the degree to which college sociology students would hypothetically experience discomfort if they found out they were interacting with an incest survivor. This was evaluated using a questionnaire asking students to rate their comfort on a Likert scale. Most respondents rated some discomfort if the hypothetical relationship with an incest survivor was a new one.

No doubt, there is the risk of being rejected or disbelieved after disclosure, but conversely, there are benefits when disclosures result in responses that are not derisive; such as feeling less alone and being supported. Caroline and Erin's disclosures to their siblings were received with support and a sense of sharing. As well, Lenora second husband's response to the discovery of her past was one of support and this in turn assisted her in own healing.

Second Cohort: Women Born in the 60s and 70s

Backgrounds of the nine women born in the 60s and 70s varied with respect to where they grew up, family backgrounds, socioeconomic status and the type of abuse they endured. Helene, Barbara, Dansani and Blue Sky Woman were born in 1961, 1965, 1967 and 1969 respectively. Five women were born in the 70s. Blanca, Katherine, Wendy, and Jocelyn were born in 1971, 1972, 1973, and 1976 respectively. Valerie did not disclose her age, but mentioned she watched Degrassi Junior High as a teenager. Degrassi Junior High aired 1987 to 1989 (TV.com. 2006), so the date of her birth is in the 70s. Geographical locations where women grew up varied; one woman was born in South America, two were from the West coast of Canada and six were from the Prairie Provinces. None of the nine women were raised on farms. Only two women were raised by both their biological mothers and fathers. Two women were raised by their grandmothers. Four of the women's mothers and fathers divorced or separated, so their parents either shared custody or they were raised by their mothers and stepfathers. One woman's father died when she was two and her mother later remarried. Socioeconomic backgrounds varied from living on social assistance to middle class. Two women were solely sexually abused by extrafamilial perpetrators; namely a babysitter and girlfriend's father. Three women were abused by both extrafamilial and interfamilial perpetrators. The rest were abused by family members such as brothers, uncles, grandfather, foster sister, stepbrother, stepfather, and father. Only one woman reported a single episode of abuse. The rest were abused multiple times by their perpetrators. In addition to sexual abuse, four women experienced physical and emotional neglect. One woman also reported physical abuse while growing up while another identified herself as having experienced emotional abuse.

Similar to the previous chapters, the younger cohort's lives will be discussed according to preschool years, early school years, adolescence, and adult years. In addition to their adult years, a discussion of their therapy and disclosures will also occur. The last section of this chapter will be devoted to comparing experiences related to childhood sexual abuse of the younger cohort with the older cohort.

Preschool Years

Seven of the nine women began life narratives by describing their early family life. For one woman this narrative also included being neglected and physically abused as a preschooler. Two described being sexually abused in preschool years. Three women described being dropped off to grandparents or other relatives due to mothers' inability to care for them. Others described a childhood with little stability as their parents moved frequently.

Abuse: Neglect, Physical Violence and Sexual Abuse

Unfortunately children are sometimes subjected to other forms of abuse in addition to child sexual abuse. All forms of abuse may not occur at once as was the case for Blue Sky Woman.

Blue Sky Woman. Prior to any memory of sexual abuse, Blue Sky woman remembered her mother and father fighting with one another. She stated. "But even before I was exposed to abuse, there was a lot physical abuse: my mom and dad fighting." Later in her oral history she noted that she was found in a garbage can, but didn't elaborate on any details. She explained, "Court papers state I was found in a garbage can, starving, dirty, bruises with lice and no clothes."

Wendy. Unlike Blue Sky Woman, Wendy did not describe physical abuse or neglect, but remembers an eleven year old boy having her fondle him. In the following excerpt she described her status as a multiple victim and this first abusive situation.

> I was sexually abused a lot as a child by lots of different people. I just happen to be a multiple victim for some reason, and I don't know why. My earliest memory was at two, and it was a male playmate of my older sister's, my sister was nine years older than me, and he was having me fondle him in the backyard. That was my earliest memory of abuse.

Jocelyn. Like Wendy, Jocelyn remembered being abused at a very young age, but the perpetrator was a babysitter. The abuse continued from the age of two and half or three until six or seven. In the following quotation, Jocelyn provided the context of the abuse.

> I'm just a type of person that I remember from a young age. But my abuse started at about two and a half, three. I was abused, and I knew it from the moment it happened when I was three or whatever, and so I lived with it and I didn't tell anyone, and I've always known it was bad…He abused my sister and me, and it was a babysitter. I've always known it was the babysitter and stuff and never knew his name or anything because I was just too young to remember that. But he was fourteen, so he's old enough to know that that's not right… He was our babysitter till I was six, seven…And he was a friend of my mom; his mom was a friend of my mom…He didn't baby sit every time my parents went out; we had other babysitters and stuff…

During childhood games such as hide and seek and cards the babysitter would separate Jocelyn from her sister and molest her.

> The first thing I remember was my sister, who is two years older than me, and the babysitter asking, "Do you guys want to play hide and seek?" So he would count with one of us, and the other girl would hide, so either my sister or myself would count and be with him. I'm not too sure what he did with my sister because we haven't really discussed it with each other. [laughs] But with me he would just play with my vagina and stuff…I remember when he did that I didn't like it.

On another occasion Jocelyn remembered playing cards with the babysitter.

> Another time we were in one of the basement bedrooms as well…He wanted to play this game. It was a card game, and whoever won got to be with him—I didn't win, my sister won, and I guess he had sex with her. But I wasn't in the room, so I don't know.

Jocelyn's next memory is a delayed memory that returned after she took acid or LSD as an adolescent. She provided details on how the memory returned.

> I never remembered hiding under that stool throughout my childhood and stuff, and I guess when I was older I did go to a few counseling sessions. I remember the counselor told me to write down if any memories came up, and this one time when I was a teenager, I did acid [laughs], and a memory of that whole stupid situation came up, and so I wrote it down.

In the next citation Jocelyn clarified how and why she hid in the footstool.

> I remember—hiding under one of our little footstools, and it was the '70s, right? [laughs] I was so small, and I remember looking at it as, when I'm older I'm like,

> "Oh, my God, I can't believe I fit in there." And I remember thinking, "Oh, he's doing this to my sister. I should be out helping. What he's doing was wrong." I remember being really scared, so I hid all night long under there…Then my mom came home, and they couldn't find me either, and when he left I came out.

Both Jocelyn and Wendy were sexually exploited by extrafamilial abusers in their preschool years. Neither of the fore mentioned women described physical abusive incidents.

Raised by Other Relatives

Adversity struck the lives of the next three women's mothers as they struggled to raise their children. While circumstances varied among their mothers, all three women's mothers lacked the resources to adequately care for them in their preschool years.

Dansani. Due to her father's death in 1969, Dansani's mother found herself unable to care for Dansani and her two younger siblings.

> My biological father passed away when I was two years old, and so Mom basically raised me up until about two and a half, I believe. Then my oldest sister decided to take on the responsibility, because I still had two younger sisters that Mom had to take care of. So my oldest sister was the one that pretty much raised me up until I think I was about five, and then I moved back to my mom.

Dansani elucidated what her mother's and father's relationship was like.

> I remember [my mother] telling me what my dad was like, because I didn't really know him….She [my mother] told me all the bad stuff. I don't remember my dad. All I know is, he was an alcoholic, and he beat my mom.

Her mother obviously had a very difficult life.

Blue Sky Woman. Blue Sky Woman's mother and father divorced and due to a custody battle, she was estranged from her mother as the court awarded custody to her father. As a consequence she occasionally saw her mother. Blue Sky Woman did not divulge the reason for the custody ruling or if this related to the abuse she suffered.

> I remember my mom when I was younger; I remember seeing her when I was around four or five, I remember my mom being around for a short time, but then there was a long gap. I didn't see my mom till I was in my teens. I saw her on and off in between the big gap the odd time, but very seldom, because my dad and my mom were in court fighting for custody for my sister, my brother and myself. My dad got custody of me and my younger brother, and my mom got my sister.

After this Blue Sky Woman lived in various homes as her father started gaining a secondary education; she described living primarily at her grandmothers' homes.

Blanca. Being born in South America, Blanca described a social structure that didn't have the same social safety nets that Canada has and a family structure that appeared to accord more influence to husbands and fathers. Blanca gave details surrounding her preschool years and how she came to be raised by her grandmothers.

> What happened is that this man [her father] was very abusive with my mother. She had no support from her family either, so she ended up moving to the capital city in hopes of a better life and hope for a job and something. But then she found herself struggling. Here you have unemployment insurance, you have welfare or whatever; there you've got nothing. And if you have no family, then you're doomed. So that's

> exactly how she found herself—in the streets, with three children. Then I guess she was lucky in one way of having a mother—my grandmother—that helped her, but it had to be behind my grandfather's back, because he was not going to be dealing with that. He did not want anything to do with my mother because she went against his will marrying my father and getting pregnant on top of that. So she still went ahead with my father's relationship, but, like I said, he was an abusive man, an abusive relationship.

Notice how Blanca used an impersonal terms such as "this man" and "an abusive man" to refer to her father in the above passage. In the next citation she described how her mother abandoned her.

> Then she finally, like I said, she wanted a better life, and she took off to the capital city again, but she left the three of us with my grandmother. She said she would come back, come and get us in six months, and she never came back…I believe I was two years old. My brother, I think, was three and a half or something like that, and my sister was a year and a half or something like that, yes.

Blanca expressed her view of her mother's abandonment in the following excerpt.

> She's a completely dysfunctional woman herself. After all these years, she's never taken responsibility for what she's done. Two of us, namely my sister and I have nothing to do with her. She blames it on her children. She doesn't see what she did wrong. Like I said, it's easy to have kids, but it's not as easy to raise them. But that's the thing; that's what makes you a mother.

No doubt, Blanca's mother had few economic resources when she left her abusive husband or Blanca's father. But as Blanca noted her mother broke her promise and never returned.

We Moved a Lot

Two women with different circumstances described their preschool years as not having the stability they desired. For Helene, the root cause of the instability was related to her mother's sexual abuse, whereas for Katherine it was her father's restless spirit. As a consequence, both attributed their unhappiness or shyness to this instability.

Helene. Helene's narrative begins by describing how her mother experienced father-daughter incest. As a teenager she ended up pregnant necessitating marriage to her high school boyfriend. Prior to giving birth to Helene, Helene's mother and father left the coast and moved to a prairie city due to the abusive household they were living in; they were living with Helene's father's parents.

> So anyways, what happened is, as a result of the abuse [her mother's childhood sexual abuse], I think, my mom was pretty mixed up and didn't like and trust men, and so she got pregnant with my dad in high school, who was White Anglo-Saxon Canadian. His parents thought that my mom wasn't good enough for my dad because she wasn't White Anglo-Saxon whatever, Canadian, although she was, but she just happened to have a darker complexion, and was a very beautiful lady.
>
> Anyways, my mom and dad were young teenagers, and they lived in the basement suite of *his* parents. One night he was lying in bed beside my mom, and he was so tense and so rigid and fists clenched, saying, "If he hits her one more time, I'll kill him!" So then Mom had said, "We've got to get away from this, have a life of our own," and they packed up and they moved to a prairie city from the coast, which is where I was born, to get away from [my father's] family.

> So my father and mother moved to a prairie city as my father's uncle owned a trucking company and hired my dad. Less than ten months later my mom had another baby boy. Caused my mom to flip out, and she ran away with *me*. Dad had to hire a detective to find her. So there were problems from the start.

Helene's description of her mother's childhood sexual abuse and of the incident of her mother's fleeing was the just the beginning of a series of moves that she experienced as a child. Later on as an older child, Helene's mother's lifestyle impacted her sense of security.

Katherine. Painting a picture of her life, Katherine described its impact on her personality. She recalled her parents moving a lot.

> I was born in '72 on the coast. My sister was born three years later. My dad was in the military, so he was not home that often. He got out so he could spend more time with us. From that point on it seemed like we moved quite a bit, it wasn't so much that my dad was transferred as we were always told that he had a sort of restless spirit [laughs], needed to be on the go all the time, so we moved a *lot* in the first—I don't know—eight or ten years of my life….But anyways, yes, we moved an awful lot, and I was a very shy kid, and moving all the time didn't help at all; didn't feel like I put down roots anywhere.

Katherine and Helene's frequent moves only added to the amount they coped with when later they endured childhood sexual abuse.

Early School Years

Without exception all women experienced sexual abuse during their early school years. Unfortunately six women concomitantly experienced other forms of abuse while they were sexually abused. As well family life continued to be unstable for two women.

Sexual Abuse: I Knew There was Something Just not Right

As school aged children many women recalled feeling uncomfortable, embarrassed, or thinking there was something just not right as they experienced sexual abuse. None were able to identify it as sexual abuse. However, five women were able to tell someone during their early school years about the abuse.

Helene. Helene's life continued with the instability she began to describe in her preschool years. Her mother took off for the northern part of Canada, leaving her and brother with her father.

> Dad couldn't handle raising us on his own, so he put us in an orphanage, and that's when we went to an elementary school downtown. And then Mom said, "Okay, got myself together, I'm going to Vancouver," and she moved with the children back home [to the coast] with her mom and step dad, and that's the point that I remember the sexual abuse. I was in a bunk bed; Mom was upstairs. It was an old war house in Vancouver East End—and I was in a bunk bed downstairs with my brother in the bottom bunk, or me in the bottom—I can't remember. He [my grandfather] came, and he abused me, with my brother in the room, at night. I was scared stiff, so I told Mom about it the next morning. Mom believed me. My

> grandma flipped out, totally flipped, squealed, screamed, whatever, just didn't believe me; I was lying.

Note how Helene's mother believed her disclosure of sexual abuse, while her grandmother didn't believe her disclosure. Following this incident, Helene depicted her grandfather's rage as terrifying. His rage was sparked after Helene's mother came home following a date. She explained: "He's [Helene's grandfather] beating the door down with an axe, trying to kill my mom in that room because, I guess, she came home late." After this Helene's mother left with Helene and her brother.

Barbara. Barbara provided a brief summary of the sexual trauma she endured as a child. As a school aged child she was sexually molested by six or seven different perpetrators and raped by her sister's boyfriend.

> Okay, when I was six years old I was sexually molested. That's about as far back as I can remember. My younger sister was sexually molested, and I was watching that as well. We were being molested by a lawyer that worked [in the city] and to this day I believe that he is probably still doing it. [laughs] Throughout my lifetime I've been molested by my uncle and four or five of my cousins. A boyfriend that one of my older sisters had brought home…raped me when I was about eleven or twelve years old.

As a result of the rape Barbara became pregnant.

> I do believe I was just turning twelve, and Child Welfare became involved with my family. I was forced to have an illegal abortion at five-and-a-half-months pregnant. They didn't use enough poison to kill the fetus, and the baby fell out in the toilet bowl and was still moving. The nurses had made a comment that they hadn't used enough poison, and they didn't know what they were going to do next.

Barbara didn't elaborate if Child Welfare workers knew how she became pregnant. Having no choice in the abortion deeply affected Barbara. Following this she started to use alcohol and drugs. She recalled thinking "I could have cared less what anybody thought or how they got there or anything else and would have told them that in no uncertain terms."

Dansani. Dansani did not reveal who sexually abused her from eight years of age to fifteen at her home. She referred to him as the "main abuser".

> From what I remember, I think I was about eight years old until, I think, I was fifteen….I remember what was happening was not right; I kept thinking that, and I was scared….And then with the main abuser, I was always traumatized by his whereabouts. I always had to make sure I always tell his brother, "Where's your brother? Is he around?" And then I'd be a little safer, and I would feel happy if he was gone for a weekend or something. [sighs] It was getting pretty harsh there; pretty rough with not wanting to be at home all the time. And my mom would always tell me, "How come you're never home?" I always wanted to make an excuse not to be at home, and she was a bit worried about me.

Dansani described protecting her sister from the "main abuser".

> I was always worried, because when I slept with my younger sisters, I was always worried about him taking my younger sisters, that he'd try, and that one day I sacrificed my body for him not to take my sister, because he started to, and I said, "No," and I jumped in.

She went on to explain how the sexual abuse happened everywhere she went.

> No matter where I went, there was some family member—it was mostly on my biological dad's side, my uncles on that side. There were a couple abusers there.

Categorizing abusers as those who want to control you as opposed to those who abused during play time, Dansani elucidated how play abuse occurred to her.

> You know how as kids you play certain games; that's when it mostly happened…And I remember one particular abuser, one of the abusers—there was two of them that were abusing me. One of the females would be mad at me because she wanted me to be abused by him, something like that. If I didn't participate, she was going to tell….

While in elementary public school Dansani was fondled by a boy in her class.

> I remember it even happened to me in elementary school. I remembered a kid, and he used to always fondle me in class… I think I was in Grade 2 or 3.

Dansani did not disclose the traumas she endured as a child to anyone until she was an adult.

Blue Sky Woman. Blue Sky Woman recalled many details and circumstances surrounding the sexual abuse she suffered when she six or seven. After her father dropped her and her brother off at her paternal grandmother's house one sunny summer day, Blue Sky Woman and her brother joined her cousins in play. Her three uncles were drinking at her grandmother's house.

> We [the children] were running in and out of the house, playing around, and there was drinking going on in the living room. They were sitting around in a circle, drinking and dancing and listening to music….I remember it so clearly like it happened yesterday; I can still vision it like I'm an outsider looking in (like an out of body experience) and seeing all this happening, right?...I remember it was dark; it was dark in that basement, and it was cold….And there was a bed, a small, single, iron bed, the kind with springs underneath, in the corner, in the front of the house…And then I remember being on that bed, and the next thing you know, I remember three people—actually, I know these people that sexually abused me. They were my uncles; there were three of them. I remember being on the bed and one of them actually taking my clothes off….Of course, they were taking turns on me; and I remember them spreading my legs, and I had no clothes on; and I remember I was crying and trying to cry for help. And just above me I can hear the feet stomping on the floor, the music playing, the beer bottles kind of, whatever, clashing together kind of, rattling together as if someone was shuffling them around or whatever. And I remember one of my uncles had put his hand over my mouth, I guess, was to stop me from crying or making any kind of noise that would draw any attention to what was going on down there, right? There are no words to describe the fear I felt especially when my mouth was covered so tightly. There was no hope for help.

Like Lenora, the woman who was born in the 50s, Blue Sky Woman experienced a form of dissociation called depersonalization. She explained, "I guess I need to say this about the situation, that incident, because sometimes it's kind of like I left my body and was watching this happen to me." Following this traumatic experience, Blue Sky Woman did not disclose to anyone until she was an adult.

Blanca. Blanca was protected from sexual abuse until her father, who had been imprisoned on political charges, was released from prison and subsequently moved in with his mother (Blanca's grandmother) for a short period. The first incident of sexual abuse happened at a dinner.

> When he came out of jail we had a dinner at my grandmother's house, and I was meeting for the first time one of *his* aunts. For some reason there were not enough chairs for everyone and I ended up on my father's lap. And while we were eating, I felt weird because while he had me on his lap, I felt some kind of funny movement, but being seven years old, I wasn't aware of what is really going on. I just knew it felt weird. It felt like something not good. With the tablecloth and everything, nobody was really aware of what was going on underneath the tablecloth. Then suddenly I feel that he's getting hard. I know there is something just not right, but I still can't get what is going on. Finally, he grabs my hand and puts it right on his penis, and all of this is going on, like I said, under the tablecloth. That's when I felt like, I just felt like my whole body paralyzed. This was my *father*! So how was is it—? I didn't know how to feel. Soon after that, all I wanted was to avoid him.

A second incident occurred when Blanca's grandmother left her in the care of her father for a day.

> My grandmother, at seven years old she was still the one giving me baths and stuff like that, so she left him in charge of that. I remember that when he was doing it, he bathed me. But then he put me on the bed, and that was when I was just terrified, because I knew with what had happened before that this was perhaps an opportunity for him to do something else, or who knows what? I just felt afraid of him. And just as I thought [pauses], he put me on the bed, dried me with a towel, and then next thing I know is that he takes his penis out. [pauses] He did not penetrate, but he did play with my body. So ever since that day, it was just this complete rejection [whispers] towards him. I remember I got so sick, because I was so terribly sad [pauses; cries] to the point that I didn't want to eat. I didn't want to talk to anyone.

After this incident her father moved to Canada. Some time later Blanca disclosed to her mother who in turn disclosed to her grandmother.

> I believe I was eleven years old when I told someone; I think it was actually my mother, my biological mother. She didn't raise me though, so—and she told my grandmother. They were all shocked when this came out of my mouth, that why hadn't I said anything before and this and that.

Blanca mentioned the reason for taking so long to disclose the incidents to her mother and grandmother was the fear of being punished. The next incidents occurred in her adolescence.

Wendy. Three more perpetrators sexually abused Wendy in her early school years; these were her best friend's dad, her stepmother's son and her eldest adopted sister. In the first account, Wendy's mother was apprehensive with respect to her best friend's dad.

> And my best friend's dad, during elementary school, he also sexually abused me. He also used to play really inappropriate games with us that had a sexual nature. My mom suspected that there was something not right about him, and in fact even had a conversation with another child's mother from my class, but still never stopped me from going to play at their place. [laughs]

In the next story, Wendy described how her stepbrother used pornographic magazines while he abused her.

> When I got older my parents split up when I was about nine, and my dad remarried, and my stepmom's oldest son also sexually abused me for a few years. I've never been raped, so that's kind of a good thing. Yes, quite a few years. He used to like to look at porno magazines and things with me. And he sexually abused my younger sister as well. I remember that when he started abusing her, I started trying to protect her. If I knew he was abusing her, I'd go and take her place on his lap and stuff to try and protect her from it.

As well her eldest sister sexually abused her.

> I have two older sisters who are adopted, and the oldest one is a little bit messed up psychologically, so she often played sexual games and definitely abused my other adopted sister quite a lot and myself as well when I was a little bit older.

Wendy disclosed to her mother as a young child and this event was witnessed by older sister (not the sister who abused her).

> Yes. I don't remember the first time, but my other adopted sister, who's six years older than me, she remembers it clearly. She clearly remembers that I told my mom some story, just as a little girl, innocent, about having been touched inappropriately or something and that my mom—yes—just said something along the lines of, "Oh, it must have been a dream." That's my sister's clear memory, clear memory. And we've both asked my mom since. I get along really well with my mom; I love her a lot. I *was* angry at her for a long time, but not because it was her fault; I just felt like no one had protected me. And my mom just doesn't remember. She said she has no clue. But my older sister, she clearly remembers, and because she was being abused too, or had been as well by my older sister, this was a subject that she caught on to.

At this point Wendy's mother dismissed her disclosure as a dream, but things would turn out much differently when she disclosed as an adolescent.

Katherine. Katherine's mother and father divorced when she was eight years and shortly after this Katherine's mother started another relationship with a neighbour, named Dick, who would become part of their family. Following another move back to the coast, Dick moved in with Katherine's family. This is when Katherine experienced sexual abuse.

> I remember I asked Dick—when he first moved in with us, I think I was in Grade 3 or 4 or something, and he would kiss my mom really passionately. I don't even know how it all came about, but see, even that was not—I don't think it's right to do that in front of children. And he would grab my Mom's boobs or grab her bum, as if she just belonged to him. And so the kissing, it started with talking about number one kiss or number ten kiss, and number ten kiss is a really passionate kind of kiss. I think that with just curiosity or something, I feel like it was me; I was curious about it. But I was in Grade 3…And he kissed me. I didn't like it, but I didn't stop him, and just things like that. It's shameful. I don't know….I think part of me was curious, but then the other part of me knew, "You shouldn't kiss—we shouldn't—ugh!"

Katherine elucidated that the abuse was confined to molestation. He in fact, even fondled her younger sister in the backseat of the car, while Katherine and her mother were in the front seat of the car.

> Oh, and then my sister, I know she was sitting in the back seat one time, and he was drunk—he was an alcoholic—and was groping her. And then *again* I felt

> ashamed because I just wanted to hide; I just wanted to escape. I was sitting in the front seat with my mom. She just turned a blind eye. She just couldn't face it, I think.

Ambiguous feelings and thoughts plagued Katherine during her childhood. She spoke of loving and respecting her mother, but at the same feeling protective towards her. Katherine stated:

> And coupled with the fact that I cared about my mom more than myself; I cared about her well-being. So if she was content to just sit in the dark, then I wasn't going to do anything about it. I also knew in a heartbeat if I had told my Grandma and Grandpa, my dad's parents, they would have in a second got us out of there. But I just knew it would tear my mom up.

At this point Katherine was not able to label this as abuse, but would as a teenager. No further incidents of molestation were mentioned other than the grade three incident.

Jocelyn. When Jocelyn was in Grade 4, she remembered a nurse or some one who conducted a class on sexual abuse. She even remembered what was talked about in class as she prided herself in having a good memory of her life.

> I remember the first time anybody ever talked about it was when I was in Grade 4, and a nurse or somebody came to our school and talked about it, so that's pretty late in life. Nowadays kids know right away abuse is wrong…I remember thinking, Should I tell them? But it's going to be embarrassing because everybody will know. I didn't think about telling them in privacy or anything like that, so I never told them. But I remember thinking that I should tell someone, but I never did tell till later in life…I remember it was in the library, and I think she went through a book…So I just remember she said, "It's wrong for grownups to touch you anywhere in your private parts." And it was also about "Don't talk to strangers."

Jocelyn would have been nine years old and the year would have been 1985. The type of intervention she described in the library have been done since the early 70s, but gained momentum in the 80s as funding was directed towards the development of prevention programming (Berrick & Gilbert, 1991). However, not all schools included prevention programming in their curriculum. After the program, Jocelyn did not disclose to anyone as "it's going to be embarrassing because everybody will know." She would wait until she was an adolescent before she told her mother.

Valerie. When in elementary school, Valerie's best friend father started to expose himself to her. She described his various forms of exhibitionism as occurring whenever Valerie's best friend's mother was not home. For example:

> We'd be playing in a room, and he'd walk by the door with no clothes on, and you'd get that hot flush of embarrassment. I kind of looked at my friend to say, "What was that?" [laughs] But she would have no change or no expression, and she never noticed any of these things. And so there were lots of small incidents like that that started happening quite early on.

Valerie noted that her friend's father's antics started to escalate as he became bolder.

> You know that game where you put quarters on your elbow? You bend your arm back and you put a stack of quarters or whenever, and then you flip and you try to catch them in your hand. My friend and I were trying to do that in the living room, and he walks in and he was wearing a robe. He had an erection that was jutting out from this robe, and I always would look to my friend, but she just continued, and I

> thought, "This is the weirdest thing!" So I actually went and sat in the kitchen, but I felt uncomfortable because they just carried on. I felt like I should be there, but I can't be there. And I'm sitting here by myself, and just feel really, really awkward.

Over the time span of a couple of years, her friend's father exhibitionism continued, although he never touched her until she went to Disneyland with their family. Although Valerie felt uncomfortable with her friend's father, she thought she would be safe given that her friend's mother would be present. However, her friend's father found a way to be alone with her in the motel room.

> My girlfriend and I were sitting down by the pool, and I had forgotten something, so I went up to the motel room, and he was there. Don't ask me why I would do this, but he said, "Oh, I am going to go have a shower. But I was getting such a nice tan, and I should put my bikini on so I could get my stomach tanned." And then he went into the bathroom and turned on the shower. So I was thinking, "I guess I should change while he's in the shower." And as soon as I had started, you get everything off, the shower shut off, so he was faking me out, and he came out. And, of course, I didn't have anything on, and I was grabbing for stuff, and finally he just grabbed and pulled it away and started trying to grab at me and touch me. I stood there frozen and I'm freaked out. He doesn't have anything on because he's been in the bathroom, and he's got an erection and all this sort of stuff. So it was really very scary, and I can't even honestly tell you how long I stood there while he touched me, breasts and everywhere, and making really lewd comments like, "You're so beautiful." And I was maybe a ten-year-old girl or something. He had locked the door, and I can't say when that happened either, but the next thing I remember is someone trying to open the door and then knocking, and it was my girlfriend coming to see what had taken so long. So then I put my bikini—and that was the story, right? I had taken so long because I decided to change, and "Yes, your dad was in the shower, so I was—" whatever.

For the rest of the trip Valerie felt anxious and avoided being alone with him. He would however, invade her personal space as she walked outside a restaurant bathroom by standing at the door waiting for her.

> And then when we came home I didn't tell anyone, of course, and continued to go over to her house and have sleepovers. And I went with the same careful ideas that I could protect myself, but I wasn't able to. He caught me one more time really bad like that other time at their home, but he didn't have as much time because he didn't know—I was sleeping over, it was late, and his daughter had gone upstairs. The second she was out of sight, he was down there and grabbing at me and doing all this stuff. He could hear her walking around upstairs, right?—go to the bathroom, flush the toilet, do that sort of stuff—so he sort of knew when he ran out of time. So really a brief sort of encounter, but as upsetting as—and then it sort of made me realize that I can't protect myself; I can't do this or whatever.

After this incident, Valerie started to pull away from her friend by spending less time and not sleeping over at her friend's house. Despite her attempts to protect herself, her friend's father continued his exhibitionism on the occasion she did visit. Then some time later he started to stalk her as she walked home. To get home she followed a pathway through a ravine. After exiting the ravine her house was located on the opposite side of the street just down four or five houses. One time on her way home she met her friend's father standing in front of a neighbour's house that happened to be up for sale.

> The house was up for sale, and he told me he was going to buy the house and we'd be neighbors. Then he'd see me all the time and he'd know when I was going to school. On other occasions he would show up at weird places. I stood there, I'm sure, with my jaw open, just staring at him, thinking, "*Now* how am I going to protect myself? *Now* what am I going to do?" Oh, creepy bugger. [laughs] It's like stalking almost. And I do remember that for the next however many days *not* walking home through the ravine, going around the way long way.

Following these incidents Valerie told her friends and later her family about the exhibitionism. Her family was upset but honored her request to not go to the police.

> And then I remember telling my girlfriends the whole deal—well, not the whole deal, because it was pretty uncomfortable to say, but that he tried to grab at me—not that he did actually touch me and all this sort of stuff—and they in turn told his daughter, which your nice friends do that at that age. So then I started refusing to go to school and ended up having to tell my family about it, and I do remember, I remember the horror of that. And I don't even think I told them everything; I just told them a milder version of what had happened just so that—you're trying to protect, and it's embarrassing when you're young to talk about things like that, because you don't even understand. You don't even have the words for some of that stuff, right? So it's embarrassing....They were very upset. They wanted me to talk to the police, but didn't force me to. And I'm still grateful; I am grateful that they let me have that choice. Even if now I question that it was the right choice, I'm glad that they let me, because at *that* time in my life I could not have dealt with that, I don't think.

With respect to Valerie's disclosure to her friends' she reported feeling uncomfortable in class as her former friend started to refuse to sit beside her. After the ties were severed with her former friend, she did not experience any further abuse in her life.

> It was bad enough that my girlfriends at school were talking about it, especially the guy's daughter. We had assigned seating in one of our classes, and she refused to sit—she was right beside me, but she talked to the teacher and refused, *refused* to sit beside me any more.

After Valerie graduated from high school she received a phone call from her former friend acknowledging her father's sexual abuse. She reported not only feeling validated but a returning concern or questioning if she should report her sexual abuse to the police. Despite her questioning she never did lodge a complaint with the police.

From their accounts of childhood, five women disclosed abuse as children; Helene, Blanca, Wendy and Katherine disclosed to their mothers, while Valerie told her family. All with the exception of Wendy's mother, all mothers and Valerie's family believed their disclosures. Disclosing is one aspect of the narrative, but another part is whether or not protective actions followed disclosure. Among those whose parents who believed, only one parent took decisive action. This was Helene's mother who fled with Helene and her brother from Helene's grandfather, who was the perpetrator, as he chopped down the door with an axe. Blanca's mother and grandmother believed her, but allowed her to go to Canada to live with her father, the perpetrator. Katherine's mother didn't deny the abuse, but rationalized it by thinking of the positive deeds the perpetrator did. Valerie's parents didn't pressure her to lay charges but let her decide this.

I Wasn't Just Sexually Abused

In the following passages, three women described experiences of neglect, physical abuse and emotional abuse. These accounts were embedded in the narratives of their lives. One woman, Barbara was not able to label her abuse as neglect, but certainly expressed anger towards her mother who she referred to as a "bitch". On the other hand, Katherine and Blue Sky Woman were able to identify their abuse as emotional abuse and physical abuse respectively.

Barbara. Prior to being placed in a series of foster homes, Barbara lived in a condemned three room house with her nine siblings and parents. Apparently there was no running water or indoor toilet. When speaking about her mother in the context of her childhood she spoke of her absence and very poor housekeeping skills.

> But it's a different story when it comes to my mother, because she was never there for *any* of us. She was always labeled a tramp. She always took care of everybody else's kids better than she *ever* took care of us. Different people had always told us everybody else's house, or wherever she worked or whatever, was always kept clean, and yet you walked into our house, and you had little tunnels you had to walk through. Picking through the garbage dumps and whatever, she'd bring one shoe home whether she found the other one or not, and you had to literally climb over mountains to get to your bedroom or that kind of stuff.
>
> She didn't know how to cook. She never washed dishes. If you wanted a clean dish, you had to wash your own kind of thing.

In addition Barbara described her mother as resorting to throwing shoes when she was angry.

> My mom used to throw shoes at us all the time when we were growing up, and my dad used to get so mad at her, because every month he would replace at least one window in the house....Throughout most of my lifetime when I lived at home, she was always throwing shoes at us if she was around, or hitting us with the old corn brooms.

Even though Barbara did not label her mother's behavior, her mother's failure to meet her physical needs and emotional needs could be labeled neglect. Child neglect is harder to detect than other forms of abuse, but the consequences of neglect may affect the wellbeing of children (Stephens, 2006).

Blue Sky Woman. In addition to the horrendous physical abuse and neglect she experienced in her preschool years, Blue Sky Woman reported experiencing physical abuse while she lived with her maternal grandmother. Her grandmother apparently attended residential schools in her youth.

> And then as time went on I moved to my *other* grandma's place on my mother's side, and there was a lot of abuse there too; there was a lot of physical abuse. We used to get hit with sticks and belts and shoes and hangers and fists; she would sometimes punch us. It was always like—I don't know—like we were terrified. We sure knew what fear was as we grew up, because we were exposed to it... I recall when I used to wet the bed. I was about probably ten, eleven, and I was still wetting the bed, and I don't know why. I used to be ashamed...And my grandmother, whenever I used to wet the bed, she would grab me by the hair and shove my face into my urine in the bed. She used to do that, and so I used to be scared to wet the bed; and if I did, I made sure I got up really early to change the

> bed and flip the mattress over and hide the blankets somehow or try to get them to the basement without her noticing so I could wash them. And I was only ten.

The impact of residential schools on those who attended was acknowledged by the Government of Canada in 1998 through a Statement of Reconciliation. In this Statement physical, sexual, and spiritual abuse was acknowledge and an apology was provided to those suffered the abuse. The Statement was part of the Federal Government's initiative called Gathering Strength - Canada's Aboriginal Action Plan that sought to work with Aboriginal people to assist in healing (Indian and Northern Affairs Canada. n.d.). The impact of residential schools has been felt in Aboriginal communities as they deal with physical and sexual abuse. Blue Sky Woman did elaborate on the type of abuse her grandmother experienced in residential school.

Katherine. As was noted, in her preschool years, Katherine moved a lot. After her mother and father divorced, her mother moved one last time to the coast. Shortly after their move, Dick moved in. In the following quotation, Katherine identified Dick, who was her stepfather for ten years, as emotionally abusing her sister, mother, and herself. Emotional abuse consists of a cluster of behaviors that reduce the person's self esteem and self-worth. The cluster of behaviors may include insults, criticism and demoralizing responses; rejecting by failing to acknowledge the presence of someone; and failing to respond with sensitivity to the emotional needs (Steven, 2006).

> So living with Dick was very demoralizing. We all ended up with low self-esteem, and there were certainly times—there was sexual abuse, but there was, above all, emotional abuse that knocked our esteem completely out, all of us…. It didn't matter what we did, it was wrong. He was very bigoted and racist as well, and so we were constantly fighting against this hatred. He was just an angry man, I think, and he just wasn't happy until he made everybody else miserable. There were so many times the three of us, my mom and my sister and I would end up in tears at the dinner table, and he would merrily eat his dinner. It was what he enjoyed, if people were miserable…Everything had to be perfect, and it didn't matter, because even if it was perfect, there would be something. And he'd call us fat and ugly. Maybe it was a joke, but it was *very* hurtful.

As Katherine noted, she felt the emotional abuse left her with low self-esteem. Dick's criticism was leveled towards their physical appearance and attempts to create a comfortable home. During the interview she confided how she recorded everything in a diary and how continuous the abuse was.

Unstable Lifestyle

Both Helene and Dansani's early school years continued to be unstable in the sense that they did not have a permanent home on a continuous basis. Helene attributed the instability to her mother's childhood sexual abuse. Dansani thought her impermanence related to her stepfather and mother's frequent trips away from home. As a consequence she lived with many different relatives.

Helene. As was noted earlier Helene's preschool years were marked by her mother's frequent moves from her husband. Unfortunately, Helene's mother's continued to run away from her father.

> But the sad part about all that is, my dad was trying to get the marriage back together, my mom was adamant she wasn't going to, and she was running around

> with a man whose wife was in the hospital having a baby. So that's how mixed up my mom was, thinking—she didn't have good boundaries, and that's what I was taught. I was taught really bad boundaries, and I didn't have a good life because people walked all over me and treated me badly, and I didn't know how to stop it. My mom didn't know how to stop it, so I didn't have a good life. I didn't feel safe a lot of times, kids picked on me, teased me, and I felt like I was no good and worthless. So that's my upbringing....Then my mom lived with this man in the day when people weren't living with people, and I felt like I had to lie. It just wasn't a very good upbringing. I didn't feel wanted, I didn't feel like I was really loved, and how can you be a successful person?

Helene described the impact of her mother's poor interpersonal boundaries. She not only felt worthless, but was not able to defend herself from other children's teasing and disrespectful behavior. As a consequence of her own childhood experience, Helene felt very strongly that children required a stable home environment and therefore was against common-in-law relationships.

Dansani. Dansani's mother remarried and at this point her mother and stepfather would go on trips, leaving her in the care of relatives or at home with her siblings. In the following quote, Dansani described how her mother's frequent absences impacted her safety.

> And every couple months Mom and Dad would basically just go away on trips, and I was always upset with him because I felt like he kept taking my mom away, or as to when I really needed her the most. And let's see. I think that's when the abuse started to happen, about seven, eight...And so I've been from home to home as a child...I had scattered memories of a lot of the abuse. I went from my uncle's back to my mom's back to my sister's back to—so I did not have a stable home up until I think I was in, I would have to say, Grade 3 or 4...But being in that transition all the time was like, no wonder I don't find myself very stable.

As Dansani indicated she felt the frequent moves affected her emotionally. As well, her mother's absence coincided with the start of the sexual abuse she experienced in her home. Her mother's failure to protect her and provide a stable environment could be labeled neglect. As an adult, Dansani did not refer to her mother in a derogatory manner but spoke affectionately of her. Despite this, Dansani described conflicted emotions and interactions with her mother in her adolescence.

Adolescence

This is a narrative of recognition; a time where they started to understand that they were sexually abused. This was also a period when most women would disclose to family members or to professionals. Some women's disclosures were accepted and supported, but as described in the following pages, other women's disclosures did not result in protective actions. In addition, some struggled with the effects of the sexual abuse during this period of time.

Helene

Helene did not talk about her adolescent years. Her narrative concentrated on her adult years as she talked about her relationships and the effects of another trauma she suffered as a young adult.

Barbara

From the age of twelve to fifteen, Barbara was in a series of foster homes which she kept on running away from for different reasons. For example, she stated one set of foster parents neglected her medical needs choosing to disbelieve her when she was sick. In a group home she was sexually abused.

> Was put in a group home, where the group home father was doing his thing with all the girls that lived there and showing them that he knew what panties and things were used for, and wouldn't let us go out and do our own thing. And if the foster mom wasn't around, he just came into our room whenever he felt like it...I had one foster brother in that same group home, come and climbed into my bed with me, and nothing was ever done about that even after I had told the social worker that.

As Barbara indicated her disclosure to the social worker went unheeded. Over the course of her stay in foster homes she had nine or ten social workers and one molested her. Only one of the foster homes attempted to provide any type of parental guidance. She was in this home from the age of 15 to 18.

> The last foster home I was put in is the only one that ever really taught me any values or really anything in life. [laughs] And to this day we're still very good friends, and I still call them Mom and Dad...I never used to know what it was like to eat at a dinner table with family until I went there, didn't know what it was like to change your underwear on a regular basis every day and have somebody actually care enough to give you breakfast or to make sure you didn't leave home without breakfast.

When Barbara turned sixteen her foster parents asked her to find a job as she quit school. Once she turned 18 she left to get married. She still maintains a relationship with these foster parents.

Dansani

In describing her adolescence, the "main abuser" continued abusing her until she was 15 or 16, ending it when he left home. Dansani did not chronologically place the occurrence of the next event as either prior to or following her abuser's departure, but at the age of 15 or 16 she reached out for help.

> When I was at home one time I called the Suicide Line, and I was talking to him for a long time. At that age how did I know what to do? How did I find myself doing that?

She was unable to identify how she knew about the Suicide Line. But at this time she did not disclose the sexual abuse.

Unfortunately Dansani described being misunderstood by her mother during her adolescence. Unlike her siblings who were praised, she was criticized and accused of abusing substances. She explained that she was "secretive and silent", but never abused substances. For awhile she tried her best to win her mother's love, but at some point started to act out her anger.

> I was just angry, and when I would go for drives, I would really take my anger out on the wheel. And when I think back at it, that was not a very healthy way. I could have got into a car accident. [sighs] But somehow I managed to get through it... So for my mother I've been finding ways to make her feel guilty. I left home with just a bag of clothes...

Although Dansani was not able to address these issues with her mother in adolescence, she would as an adult.

Blue Sky Woman

As she became a teenager the sexual abuse reoccurred, but this time it was at her maternal grandmother's home. Blue Sky Woman didn't know for sure who was molesting her as it occurred during the middle of night in a dark basement. She described what happened.

> I have an idea who it might have been that was trying to do something to me in the middle of the night. I would go to sleep, and we, once again, would have to sleep in the basement, and there were single beds lined up by the walls. And somebody used to come down there in the middle of the night and take my pants and underwear off and start touching and kissing me. I could smell alcohol, but I didn't know—and I used to just get up and run, wrap the blanket around myself and run upstairs, and I was always too scared to look back and find out who was down there. It happened a lot, and I remember trying the light switch a few times because I wondered who was doing that to me, right? And the light switch didn't work. I guess they unscrewed the light bulb.

Blue Sky Woman believed her "memory might have blocked" out some of the details as she had experienced delayed memories with respect to this series of sexual assaults.

She recalled telling her maternal grandmother in an indirect manner about the sexual assaults.

> I think once I had mentioned to my grandma that—even though I knew something was happening down there in the basement, I didn't tell her exactly that. I said to her, "I think someone's doing something to me at night, or someone's trying to come into bed with me," and she talked in our language, in Saulteaux-Ojibwe language. She would say, "Nobody's going down there. What are you talking about? Who's going to go down there?" And I'm like, "I don't know, somebody." But that's just how—and that was, I think, the only time I had ever hoped she would kind of clue into what I was trying to get at, but like I said, she was very old fashioned.

Blue Sky Woman's grandmother dismissed her statements. Then at the age of 15, she tried to commit suicide by overdosing on pills. During her hospitalization she was questioned by a counselor and physician and subsequently told what happened.

> I think it wasn't till after my first suicide attempt that I realized what that [sexual abuse] was. I think I even questioned it at the time, when I came to and realized I was in the hospital and all this stuff. I was talking to a counselor and a doctor because, of course, they want to know why you did this. They have tons of questions, "Do you know what that's called? That's called sexual abuse." And I'd be questioning: "What *is* that *really*?" "It comes in all forms." And then that was really explained to me: "This is what that is, and nobody has the right to do that to you, to touch your body." So that's when I think it really made some sense to me, was after the first suicide attempt.

Even after Blue Sky Woman was cognizant of the sexual abuse, she would not disclose to her family until she was in her twenties. One of the ways she coped with the pain was to abuse alcohol.

> I was dealing with it by drinking, and then I felt like I couldn't tell anybody because no one would believe me—all these feelings that they were going to reject me and abandon me and this and that, and I already had to that point carried a lot of that stuff already, feeling rejected, abandoned, being ditched off at this person's,

> this relative's, this grandma's, this aunt's. It was constantly being left somewhere, so I really struggled with that, I think.

She continued to abuse alcohol for many more years.

Blanca

In 1984, when Blanca was fourteen years old, her mother and grandmother allowed her to travel to Canada and visit her father for a short period of time. Her mother and grandmother considered the risk of Blanca being revictimized by her father, but they decided in favor of the visit given that Blanca would be with her siblings. Her father's invitation was a preliminary visit for Blanca and her siblings as to see if they would like to move to Canada. During the visit, Blanca reported further sexual abuse.

> And after all those years, when I was fourteen years old, it happened here again…And once again, there was no penetration, ever. But there was physical contact. I was to do certain things to him, like oral sex, for instance. He made—[pauses] Let's just say he kissed me in my body in a way that a man kisses a woman, not a daughter. [pauses] Luckily, we had to come back,

Three years later, in 1987, her father had been able to arrange for their immigration to Canada. Blanca recalled the conflicting thoughts she had towards the move.

> The problem with me was that, knowing what I was coming for, I still decided to come, because the life that I had back home was also hell…There was so much violence and abuse in that house, like swearing and physical fights. One thing I have to mention is that at one point nearly twenty-five, thirty people lived in one house, because all of our cousins, all of my brothers, all of my uncles, everyone lived in that house. So for me it's like I wanted out of that hell, not realizing I was going to get into another one.

Only five months after arriving in Canada, her father started to abuse Blanca and her siblings; Blanca experienced sexual and emotional abuse while her siblings were emotionally abused. Fortunately Blanca knew a woman who was able to help.

> I had a boyfriend, a boy from my community, or from our community, and he [Blanca's father'] just made my life a living hell because of that boy. He was completely controlling, abusive, not only to me, but also to my brother and sister. There was a lady, actually, that I decided to talk to about our problems; I decided I could trust her. So she knew about all our problems, especially mine, and this lady helped me quite a bit, actually. There was a day where I could no longer take it any more and we decided to leave, so we ran away from home. I was sixteen at the time, my sister was fifteen, and my brother was eighteen…But we ended up at this lady's house at four o'clock in the morning, waiting outside their home because they weren't home…So she said that it would be best for us to stay there with them until maybe we went to Child and Family Services, which we did.

Their case went before the court and the judge allowed Blanca and her siblings to live by themselves. Her father denied the allegations of sexual abuse, accusing her instead of lying to gain her freedom. Blanca had no contact with her father for three years, but even so she received harassing phone calls from him.

Katherine

By the time Katherine was in junior high school, she knew what abuse was. As per the following excerpt she was not able to pin point where she had gained this knowledge.

> It was certainly in junior high I knew that it was abuse. I knew that—I don't know where —I wonder if it was on TV or something, like a child-help phone or something like that? We must have talked about something like that in school.

She not only knew what abuse was, but definitely knew there were avenues of assistance available. In fact she felt as if she possessed "power" in the information she had and was aware of the difficulties Dick would have if she were to report him.

> I remember there were many times that I thought I could call the police or I could call Zenith 123 or whatever it was, the help lines and everything. I could call all of those people; there was help for me available. But I didn't want to hurt my mom, and by looking after myself, I'd be hurting my mom because Dick would get in trouble. I knew that. I knew there was a lot of power in what I had, in the information that I had, and if I went to the authorities with that information, that Dick would get in trouble and my mom would be alone. I was definitely putting her needs before mine.

I asked Katherine where she had found out about the sources of help. Once again she was unable to pin point how she gained this information.

> It might have been at school or maybe in after-school specials or something. Maybe there was an ad, something like that. But I *knew* that it was out there; I knew that it was available. I knew there were things that we could do, but I just never did.

While Katherine grappled with the idea of whether or not to tell someone about Dick, in grade 12 she fell in love with an emotionally abusive young man. She felt emotionally vulnerable and blinded by love. She asked him to abstain from sexual intercourse as she believed this was for marriage. When she caught her boyfriend cheating she ended the relationship. Looking back on this, Katherine realized this was an opportunity for self improvement.

> When he cheated on me, something [snaps fingers] snapped me awake and made me realize I was going down the *same* path that my mom was going down. I'm *not* going to do that. I need to have more respect for myself. So it snapped me awake to look after myself, to be a better person, to believe in myself. That was the beginning of who I am today, for sure.

Although her first relationship ended, this was only the beginning of her quest to learn how to negotiate healthier relationships. As an adult she would learn how to negotiate healthier relationships.

Wendy

Wendy's father moved to Eastern Canada when she entered junior high school. Her stepbrother continued to sexually abuse her. One day while at her father's house, she remembered watching a television show about incest.

> I remember I was in the basement one time, and there was a little sort of Public Broadcasting Service (PBS) show on incest, and I'm watching it. And although I *knew* I didn't like what was happening, it was the first time that I kind of understood what was going on. I hadn't really understood up to that point. I knew it didn't feel good, but I didn't really understand that it was wrong or that it shouldn't be happening until I saw that program. And then I knew; I knew that it was really wrong.
>
> Ann: Do you remember what you saw?

> Wendy: I just remember the word *incest*; that's all I really remember.

Wendy stopped going out to her father's house as her stepbrother still lived there.

> I know that before my stepbrother went back to the States I stopped going to my dad's because I didn't want to get abused any more, and I know my dad, he freaked out one time about that. He thought that it was something to do with the bitterness of the divorce. He thought maybe my mom was poisoning my brain or not letting me go—and I remember he kept asking me, "*Why* won't you come to my house?" And I told him I was afraid of his house, because I couldn't tell him what was going on. I couldn't tell him; I can't talk to my dad about that stuff.

Wendy disclosed to her mother when she was twelve or thirteen and her mother in turn told her father.

> …I finally told my mom when I was maybe twelve or thirteen about it, and I never directly told my dad. I told my mom to tell my dad when she was going to eastern Canada for a trip one time, so she did.

Following her disclosure she felt letdown. Wendy explained what happened.

> I know when I was a teenager and I started acting out, I know that was a part of my pain as I finally had alleviated all this stuff by telling my mom about it, but it was almost a letdown because I'd finally got all this stuff out, but nothing was done. It's not that I expected a court trial. I don't know; just nothing happened. It's like I put it there and it was still pretty fresh then.

One day after Wendy disclosed to her mother, her foster sister gave her a black eye. She told her mother that she going to move out if her foster sister was allowed to visit.

> And I told my mom when she came home, and I had a big black eye. I told her quite clearly that she had to choose, that either I had to leave—I would go live with my dad—or she had to go, she just couldn't come around, because I couldn't do it any more. My mom knew by that point that she had abused me and my other sister. It was just kind of this dirty thing that people didn't talk about. My mom then told my older sister she couldn't come to the house any more.

Wendy only had one conversation with her father about the sexual abuse. She was sixteen when he asked what happened to her. She told him that she had been sexually molested by her foster sister and stepbrother. His reply to her was "Nobody raped you." Wendy's response to this was to say "No." She interpreted his response in the following way: "Somehow for him that meant that it wasn't really that big of a deal because I hadn't been raped, which was kind of odd."

By the time Wendy was in Grade nine she had become very depressed and dropped out of school. She described how she was unable to cope and the treatment she received.

> I couldn't cope any more, and I became kind of paranoid. I just always thought people were talking about me, and I couldn't really cope in public, so by Christmas of that year my mom had me hospitalized, and they put me on medication—antidepressants—to try and sort of stabilize me. I was a suicide risk, and I ended up in therapy, pretty intensive therapy, for a good year through a day program for teenagers, and that helped a lot. I made it through that, and then I went to live with my dad for a year—that would have been Grade 10 by then—and I did okay, but I missed home. And so I came back, and again within a couple months completely dropped out of school again—I was sixteen by this point—and knew I needed help and went back to the hospital, admitted myself, with my mom's help, of course, and went back to the same program. By that time I was taking a lot of drugs, just

> kind of numbing out everything so I didn't have to think about things very much, and they ended up sending me to Alberta Alcohol and Drug Abuse Commission (AADAC) for a while, that day treatment program. I moved out of my mom's and moved in with my boyfriend, and I lived with him for three years…..

Wendy described herself as being "messed up" in her teenage years, but would straighten out, quit taking drugs, and complete university. She now feels very fortunate that she had the opportunity to deal with the sexual abuse as a teenage instead of waiting to deal with it as an adult.

Jocelyn

Jocelyn described herself as fairly well adjusted as a child and as having her group of friends. She denied being depressed as a child. One effect she noticed in her childhood was the following: "Whenever I looked at older men or if they were around me and stuff, I always thought, Oh, are they going to touch me?" As she entered Grade 7 she started to become a little shy and started to drink. Then in Grade 8 as she was on her way home from a swim meet, she disclosed the sexual abuse to her mother and her mother's partner.

> I remember they were obviously very shocked, and I was crying, and they pulled over, because we were driving back from, from a swim meet…We pulled over and we just sat and had coffee, because they were too upset to drive. Then after that, after I told them all of that, I guess they confronted my sister with it, and she was like, "I don't remember." And then I guess memories started coming back, and then she remembered, and they asked us if we wanted to—oh, and then she remembered his name, because I didn't know his name. And then we actually brought it to the courts and stuff because we knew his name and everything, and he was living out in eastern Canada and trying to get into politics and all that stuff. [laughs]

Jocelyn and her sister did not charge their perpetrator, as they did not want to go to court and testify. Her mother hired a lawyer and their former babysitter was found and confronted. When they turned nineteen they both received a victim's fund.

In Grade 10 Jocelyn started to abuse street drugs such as marijuana and lysergic acid diethylamide (LSD). She and attempted suicide after her former boyfriend attacked her. As she was on her way to her friend's party, she dropped in to pick up tapes from her former boyfriend. She described what happened next.

> And he ended up being a little physical with me, and he dropped me to the ground and tried to pull off my pants and stuff like that. And he was the same age as me; he was sixteen, seventeen…I got away or whatever. And then I had a few drinks at my friend's house, and everybody was like, "What's wrong with you?" because I was being so quiet. After that night I went home and I had some leftover lasagna, and then I was in my room. I think I knew at the party that I was going to do it, but I just took one-and-a-half bottles of Tylenol. I remember I wrote a note, and I remember sitting [and looking] in the mirror and just wondering, I wonder what's going to happen and stuff. Then I guess I fell asleep, but I woke up throwing up. And then right away I knew, I took this and I'm going to probably die. And obviously I didn't want to, so I ran upstairs and I told my mom that I took these pills and stuff, and then they called the ambulance. So I don't think I was ever depressed growing up; it was just something that happened that opened so many memories and doors I didn't want, and I didn't know how to deal with it as a teenager.

Jocelyn ended up staying in hospital for one week and received short term counseling during this time. She did not seek any further counseling outside of the hospital nor did she feel depressed following the event. During the interview, Jocelyn summarized her adolescence as a "textbook" case in the sense that her patterns of behavior were similar to other sexually abused women's behavior. More specifically she referred to the drugs taken during her high school years and her sexual relationships.

Another aspect of her teenage years was the anger she felt towards her mother.

> As a teenager I was pretty mean to my mom and stuff, and I think maybe I felt she could have prevented it or something, I don't know. But I didn't like my mom at all when I was a teenager, and now I just love her; she's my best friend.

Jocelyn also described her attitude towards sex, stating she didn't view it as "special" and attributed this to the sexual abuse she endured as a very young child. Luckily Jocelyn was able to straighten her life out without any further counseling and now is raising her own child.

Valerie

During her adolescent years Valerie never felt adversely affected by the sexual molestation, exhibitionism, and stalking she endured from her former friend's father. She stated: "And then I don't think it's affected me otherwise, negatively." She disclosed how she paid particular attention to episodes on *Degrassi Junior High* that dealt with teacher and student boundaries.

> I think I remember seeing on *Degrassi Junior High*. I remember them dealing with that issue, maybe even more than once. A teacher and student, but I don't think it was at the same time. I don't really relate my experience to that. I suppose there were similarities—but I do remember being very interested in it, in watching the reaction. I remember being very interested in it, because it sticks. I mean, who remembers what happened on *Degrassi Junior High*? [laughs] But I do remember that one; I specifically remember that one.

Degrassi Junior High did indeed televise two episodes entitled *A Helping Hand* and *He's Back*, which were second season episodes airing January 11, 1988 and March 21, 1988 respectively. Both episodes featured a substituted teacher who overstepped the student-teacher professional relationship by making sexual advances towards female students. In the first episode the substitute teacher singles out a female student by giving her extra attention, looking down her blouse, and having her help him after class. After school he puts his hands on her shoulders and in walks another student. The female student bolts out of the room and runs home feeling upset. The following day in school she is able to spurn his invitation to stay behind in school. In the second episode, *He's Back, the* substitute teacher touches a female student, but this time he is reported to the principal of the school by another student.

Following this, Valerie mentioned she did not hear very much about sexual abuse until she was in high school. At this point she took a course. She describes the course:

> I was in high school and I took a particular course, and it dealt with all those sorts of different things. And at *that* time I didn't feel—because you were given statistics, and you were told how many people this happened to or whatever. And I remember that almost made me feel good, right? I don't remember it negatively, learning more and more about it. Like I said, I've never been interested in it, and I don't remember feeling bad in those classes when we were talking about it. I

> figured nobody could tell by looking at you that it happened or whatever. I remember being glad that we were talking about it.

Obviously Valerie did not feel singled out, embarrassed, or shamed when the topic surfaced in the course. Overall, she stated that the sexual abuse did not affect her "negatively" and has not controlled her life.

> So like I said, I think I'm not—I don't know if a lot of people feel that way. Like I said, I've known some people who have let it control their lives and still do, something that happened years and years and years ago. But I guess it's just not in my nature.

Valerie did not mention any effects that she experienced from the sexual abuse nor did she mention the need for therapy. She completed college, married and started her own family.

To summarize the adolescent years, six women identified what happened as sexual abuse. Recall that in childhood two women had disclosed and were believed by their family, so by the end of adolescence, eight women had been able to disclose the sexual abuse either to family members or to professionals. With respect to those who disclosed to family members, Blue Sky Woman's disclosure remained unacknowledged by her grandmother. But her disclosure to the hospital counselor resulted in her learning how to label what happened to her. She would not disclose the abuse to her father until she was an adult. Barbara's disclosure of sexual abuse to the social worker (when she was in a group home) went unheeded. Of the three women who disclosed to their mothers, who were Wendy, Katherine and Jocelyn, all mothers believed their disclosures. However, only one woman described being supported through actions. Jocelyn's mother accessed a lawyer who was able to locate and give the perpetrator a statement, although no charges were brought forward. Wendy's mother failed to take decisive action as Wendy had to tell her mother she would no longer stay at home if her older sister would be allowed to visit. She was also the one who took steps to protect herself from her stepbrother. As for Katherine, her mother failed to take any action, but continued to have a relationship with Katherine's perpetrator. Access to counseling occurred indirectly for three women through suicide attempts or alcohol use. Four women identified knowing about abuse through media sources such as televised shows, which were a documentary on incest and Degrassi Junior High, school talks on sexual abuse and a high school course. Dansani was able to access assistance through the Suicide Line, but didn't disclose the sexual abuse at this time. She was the only woman who kept it a secret until she was adult.

As eight of the nine women entered adulthood their perpetrators were no longer abusing them. The abuse stopped as perpetrators lost access. There was three main ways this happened. First of all, as women moved out of their homes where perpetrator(s) lived the abuse ended. This happened to Helene as a young child, when her mother moved out of Helene's grandparents' home. As for Barbara, she was removed from her parents and a group foster home where she was sexually assaulted. Katherine simply moved away from home to go to college and thus her contact with Dick ended (shortly after Katherine left home Dick left her mother). Blue Sky Woman started to run away and live on the streets as to avoid contact with perpetrators who visited her grandmother's house. The second way abuse ended was when two women severed ties with their perpetrators. Both Wendy and Valerie consciously choose not to associate with their perpetrators and avoided any place where they would be. The third way abuse ended was when perpetrators moved away. This was the case for Dansani and Jocelyn, thereby the sexual abuse ended. However, Blanca would continue to endure periodic sexual abuse as she found herself with no other options but to move back with her father, who was also her perpetrator. Yet to her credit, Blanca fled from his home on several occasions as an adolescent.

Adult Years

When the Abuse Stopped

Unlike the older cohort where five of nine women continued to be violated by their childhood perpetrators as adults, Blanca was the only one from the younger cohort who continued to be debased by her father. After living with her siblings for a period of time, Blanca moved out as she "had a lot of problems" with her siblings. She did not disclose what happened, but as a consequence she lived with her friends. With no contact with her father for three years, at the age of 19 she moved back in with her father as she had exhausted all options.

> I ended up living here and there, living with one friend for a while, and then living with another friend for a while. Then I found myself pretty much in the streets. So what I did is that my worst nightmare came true, because I felt I had nowhere else to go but back to him. It was either going back to him, or the street. I did, and things continued there.

Following this Blanca moved in with a married friend. However, her friend's husband started to grope her, so once again she was forced to move back to her father's house. Once she moved back he continued to sexually abuse her. So when she met a man who would become her husband she hastily moved in and lived common-in-law. Blanca explained how she felt at this point in her life.

> My eagerness to get out away from him was so great, it was so powerful, that *anything* would be better than being there—not actually paying attention to *what* I was getting myself *into*. And this is exactly what happened with my ex-husband. I hardly knew the man, but I wanted an escape; I wanted a savior. That's the way I put it in my head: somebody to *rescue* me pretty much. And then I didn't realize that I got involved with another abuser— not sexually, but physically and emotionally abusive. I had no job [cries], didn't speak English. I thought, "What am I going to do?" I had to take it until something else comes along or something better.

Within a few months Blanca became pregnant and married her abusive husband. Following the birth of her child the abuse continued and at some point she could no longer tolerate the situation. Blanca explicated how she decided to move back with her father.

> And then I found I could no longer take any more from him. What did I do? Go back to my father again. And even though I had been a married woman with a child, things were still going on; he was still trying. He would come out of the bathroom all the time pretending that the towel fell off from his body. If he saw that my bra strap was showing, he was desperate to come and touch it and fix it for me and pretend that, oh, my God, his hand just happened to touch my breast.

Blanca applied for social assistance and moved out, thereby ending the abuse. After nine years passed, her father started to sexually abuse her only child. This was devastating for Blanca.

> And like I said, nine years had passed, and then he started again. And this time it wasn't me, but it was my child. [pauses; cries] But knowing the signs, having been an abused person myself, I knew the signs. I knew why my child was just rejecting

> him. There just had to be something in there. [cries] So knowing the signs, I went to my child...

After reassuring her child, her child confided that Blanca's father had sexually abused her/him. Blanca described her reaction

> I was just shocked—not shocked, but, well, in a way yes, in a way no. It's kind of like shocked that it actually had happened again, and this time with the thing that I loved the most in the world, and I felt guilty because I felt like I failed to protect…

Blanca then called her ex-husband who at first accused her of not telling the truth. After she convinced him that their child was being truthful, her ex-husband started to blame her by stating: "You should have known better. He did this to you; why didn't you protect your child?" The irony of her ex-husband's comment was that during their marriage, he had convinced her to forgive her father and in fact, her father had begged for forgiveness.

> As I mentioned before, he [Blanca's father] went on his knees, crying like a baby in front of me, asking for forgiveness; and I believed. I don't know if I really, really believed him or I *wanted* to believe.

Blanca "wished for punishment" and reported him. Later the case was brought before the court, and during the trial Blanca's father undermined her credibility by telling the court she was "sick" and unstable with respect to the number of intimate relationships she had.

> So he tried to portray me as something like, "How can you believe a woman that is a liar? And also look at the kind of life she's got. She's got so many boyfriends and stuff"—which I'll be honest with you; I did have a lot of boyfriends.

Blanca explained she had been searching for someone who would be respectful, protective, loving and supportive. Unable to find this type of man, as she kept on dating men who were abusive, alcoholics and drug abusers, and concluded she was unlucky.

> But what I'm saying is that he used these things against me in court to save his own skin.

During the trail, the judge yawned when she was testifying. Blanca described this as "pathetic". The trial resulted in a guilty conviction for the sexual assault Blanca endured, but her father was found innocent with respect to Blanca's child. He apparently pleaded not guilty to the charge of sexually assaulting his grandchild. Blanca described the outcome of the trial.

> I had to make a deal with them [court]: "Okay, he admits to your thing, but he won't get jail time" kind of thing. "And he'll do community service, and he'll have to leave his DNA."…That's all he ever got…He never admitted to the thing with my child…I believe that he probably felt, If I admit to that [to sexually abusing his grandchild] in here, chances are that, yes, they will put me in jail.

During the process of going through with the trial, Blanca reported how her uncle asked her to not proceed with the trial.

> I don't know, in twelve or thirteen years my uncle never bothered calling me to find out how I am doing. I could have been dead for all that time. But the funny thing is that while I was taking my father to court, suddenly I get a phone call from him, asking me to forgive him and not to take things to court and to actually withdraw the charges.

Blanca described how her sister expressed more concern for her father than for Blanca and her child. My sister started crying, "My God, I think maybe he needs help." Her brother stated he felt hurt as his father sexually abused Blanca, but expressed preference to not prosecute "Still, I wouldn't want to see my father in jail."

Blanca's court trial occurred in 1999 and of course the laws for child sexual abuse had changed over a decade ago. Despite the changes there are no guarantees that law will be executed by lawyers and judges in a manner consistent with how the law was conceived. In fact, Armstrong (1994) has followed several cases in the United States and commented how conservative the outcomes of court cases had become, ruling many times in favor of the accused who are mostly men. Favorable outcomes for charged men are in the opinion of Armstrong the consequence of a backlash against women taking meaningful social action. Many men accused of sexual abuse or of incest effectively fought their charges by taking legal action through suing those who were involved in the charges. Thus many professionals have become very conservative in their statements, including judges.

Blanca was disillusioned by the outcome of the trial, stating: "I'm disappointed with the legal system and with society, because unless it happens to them, nobody cares." She went on to clarify how the judge minimized what happened to her child in terms of the severity of the abuse. "The response that I got from the judge is that, yes he only touched, but he didn't go beyond that." This certainly was a travesty; in effect this implied that there are degrees of sexual invasion, some being less horrifying than others. Her efforts to protect her child were not easy as she did not receive support from her family and during the trial her character was scrutinized for deceptiveness. Even though the law had changed as to not consider victims' sexual history as evidence, it would seem that it was allowed in her father's testimony.

Effects of the Abuse

Unlike the older cohort of women, no one from the younger cohort attributed physical disorders to the abuse. Not one of the younger cohort mentioned being currently labeled with psychiatric disorders, although one woman was treated with antidepressants for a period of time during a hospitalization. What they did mention were general terms such being "messed up" or "ruined," substance abuse, depression, and suicide attempts. Importantly, many women were no longer depressed, suicidal, or abusing substances.

Messed up, ruined and traumatized. Four women referred to the effects of sexual abuse in terms such as "messed up," "ruined my life" and "traumatized". For example, Helen mentioned sexual abuse had the power to "mess people up because it goes past personal boundaries and …messes up your identity." Helene had described how she and her mother struggled with interpersonal boundaries; both were sexually abused by the same perpetrator. Helene's mother was constantly running away from her marriage and entering unstable relationships, while Helene struggled with being bullied, sexually revictimized and taken advantage by untrustworthy men. The cumulative effect of the abuse left Helene feeling that she was unable to manage stress effectively and described how she was unable to hold down a full time job. Wendy also referred to herself as "messed up" during her teenage years in the sense that she felt intense emotional pain and mentally overwhelmed, although she was able to work through this. Blanca expressed the view that her father had "ruined" her life. By this she referred to how she was "constantly struggling with inner issues" such as "believing in" herself and "low self-esteem. With respect to being traumatized, Dansani spoke of how she struggled for ten years with reoccurring memories and nightmares that reenacted the abuse and no one had ever been able to help her with this. As well, she expressed self-doubt with respect to any positive qualities that had ever been pointed out to her.

Substance abuse. Three women mentioned past involvement with substances such as alcohol and drugs: namely Blue Sky Woman, Jocelyn and Wendy. None of the women were currently abusing substances. Blue Sky Woman stated: "I haven't done that for years, and that was the commitment I made to really take care of myself." Jocelyn's drug and alcohol usage started in high school. Although she did not mention when she stopped, at the current time of the interview she no longer abused substances. Wendy's drug and alcohol abuse started in junior high and it was not until she was a very young adult that she stopped completely. She stated: I certainly didn't get clean completely till I was at least twenty-one. I've been pretty functional since."

Depression. Two women mentioned that they felt depressed at some point in their lives. Katherine reported there were two periods of in her life where she felt depressed. The first period was as an adolescent, when she was living at home with her stepfather who was sexually abusive and emotionally abusive. The other period occurred as a young adult during a period of several stressors such as relocating to a different city, starting a new job, having her car break down and the beginning of multiple sclerosis.

> At the same time my car was breaking down…. I was getting numb hands and feet, and my eyesight wasn't very good—all these things. I eventually got a job…And trying to get in to see a doctor, because when you first move to a new city, you can't get in to see— [laughs] It was all these things, and I was going through a terrible depression…. But it was just this swirling vortex, and nothing was anchored in my life. And so with depression came doubt and that sort of brought me back to my life with Dick, because I spent most of my teen years in depression.

Wendy also described the depression she experienced when she entered Grade 9. She recalled being hospitalized and prescribed antidepressant medication. The ways in which the depression manifested itself was that she felt "people were talking about" her, she "hated" herself and she "swirled into the depths of despair." Both Wendy and Katherine were able to recover.

Suicide attempts. Two women described past suicide attempts in relation to childhood sexual abuse. Blue Sky Woman recalled having attempted suicide on four occasions.

> From the time I was about fifteen till I was in my twenties, before my mid twenties, I attempted suicide four times. I ended up in the hospital every time, and every time I ended up there, I wished I were dead.

Her attempts were related to the pain she felt, stating, "That was my escape from my pain." Elucidating this further she described how she "hated herself and life, didn't care about herself and felt dirty" as no one cared that they had abused her. At this point in her life she attempted to hide from others and "shoved the abuse under the carpet." Of course, she has not remained in this state of mind. Jocelyn also attempted suicide during her teenage years following the attempted sexual assault and attributed the suicide to how the attempted assault stirred up memories of the child sexual abuse. Jocelyn did not believe she was ever depressed.

Dansani mentioned that she was treated in emergency for a suicide attempt. However, she did not overdose on any medication and had not attempted suicide.

> I think when they did bring me to the hospital, they did pump me, even though I was telling them, "No, I did not take any pills" or "I did not take any of them." I

> didn't overdose or anything like that. They thought I did, but—so they went against my will, and then when they threw that tube down my throat, I'm gagging for air, and I kept saying, "I can't breathe, I can't breathe." The nurse kept saying, "Yes, you can. You're talking."

This occurred in 1992 when Dansani was twenty-five. She described feeling violated by this and as a consequence still has nightmares.

One woman felt she had not been affected by the abuse. This was Valerie who stated:

> I've known some people who have let it control their lives and still do, something that happened years and years and years ago. But I guess it's just not in my nature.

Like the older cohort of women it is important not to draw conclusions as to how sexual abuse impacts any one individual. As well, in terms of the stability of effects, six women described not being affected by the abuse any longer.

Relationships

Women's description of relationships varied as the age difference between the eldest woman and youngest was fifteen years, with more mature women having more time invested in intimate relationships and children. Among the nine women four had divorced their first husbands and of these two were remarried, while two remained single. Three women were still in their first marriages and described their relationships as happy. Dansani had never married or lived with anyone and Jocelyn did not describe her martial status, but she was in a relationship. Two of the women did not have any children and these were Dansani and Katherine.

Revictimization. Helene and Wendy both described being sexually abused as adults. At the age of eighteen, Helene was gang raped by a group of bikers. She described how she asked for a ride on a biker's motorcycle and then was raped.

> I think I was putting gas in the car—and this man came with a big chopper (Harley Davidson); he was part of a bike gang. I asked if I could go for a ride, and it's late at night, and I went for a ride all right. I was scared stiff. Took me to this house where there was all these bikes parked out front, and it was a bike gang type of thing, right? And all these people passed out all over the floor and wanting me to have sex with them all. But I was scared stiff, and I told him I was a virgin, and he made me have oral sex, and it was horrible, absolutely horrible. I thought I was going to get killed; I didn't know what was going to happen. He drove me back. The only reason I think he drove me back is, I had a guy in the car waiting for me, and I told him. He was still there, waiting for me, but all that happened.

Following this Helene described herself as "flipping out for four years" and "mixed up." Helene did not tell anyone about the abuse for four years, thinking it was her fault as she went willingly for the ride. Her girlfriend talked her into going down to the United States to become a prostitute. She quit prostitution and returned back to Canada seeking counseling through Alberta Mental Health. At this point she disclosed what happened to a counselor. In the following excerpt she describes how devastating the rape and her silence were.

> And because I didn't talk to anybody, I had internalized this, and just became numb. I don't know how to explain what happened to me, but lost four years of my life.

Helene was able to go to college after this and then started working in northern Canada.

After Wendy broke up with her boyfriend at the age of nineteen, she described experiencing sexual abuse in the context of dates. She felt it was due to her inability to say no and described her thoughts about this in the following excerpt.

> And I just kind of had this mentality that if I just sort of didn't do anything, it would just be over; it would go away [cries], that I just had to survive through it, and it'd be okay. So I kind of allowed myself to get abused a bit that way—not too bad, but a bit.

As a result of this dating experience Wendy ended up pregnant and at this point decided to stop dating and become celibate as she was unable to "mange herself" in dating situations.

Abusive relationships. Five of the nine women experienced emotional and/or physical abuse either in marriages or intimate relationships. Three of the five women described physical abuse in their marriages. Barbara's first marriage to her childhood sweetheart at the age of eighteen lasted seven months. During this short time, she physically abused her husband. She stated, "I used to beat him until he was black and blue just in play, but I didn't know that's what it was." However, in Barbara's second marriage she would become the target of physical abuse for approximately 15 years. Barbara illustrates the extent of the physical abuse in the following quotation.

> My husband chased me when I was pregnant with a samurai sword, he put a loaded gun in my face, and he literally cut my clothes off of me, but we never believed that we had the power or deserved anything better. And now we know we do, and my husband hasn't hit me in over ten years.

Barbara does not tolerate the abuse anymore as she fought back and "broke his ribs, shoulder blade, and knee cap" when he initiated physical fights. He no longer physically abuses her. She is still married to her husband. In addition to Barbara, Blue Sky Woman and Blanca described both of their former husbands as physically abusive, but did not disclose details as to what they experienced.

Helene and Katherine described experiencing emotional abuse in their relationships. Helene described her first husband as "weird" and as very intelligent. He apparently liked to lie to people as to make a fool of them. He abandoned her after Helene gave birth to their first child. With respect to her second marriage she described her husband as having problems with anger and displacing his anger on his family. For awhile he used his stepdaughter as a scapegoat for his pent up emotions. Helene had been able to talk to him about his behavior and he was going to seek help.

Katherine dated several men over a period of ten years. With each successive relationship she analyzed her interpersonal patterns and utilized her insights in the next relationship. At first she dated men who were emotionally controlling and disrespectful, and realized that they were similar to her stepfather and this was symptomatic of low self-esteem. Katherine married in 2003 and was very happy.

Children

Blue Sky Woman talked about how different her parenting skills were from her physically abusive grandmother. She practiced applying consistent boundaries, openness, and generally establishing a relationship based on trust. With pride Blue Sky Woman reported, "I've broken the cycle that I've been in and I teach my kids things like "Whatever you give out is what you're going to get back."

Like Blue Sky Woman, Wendy and Blanca felt very strongly about the importance of establishing an open relationship with their children, one where they could come and talk about anything. Wendy stated that her eldest child was entering the "tween" years (just prior to teenage) and she took steps to guide her child from being exposed to television commercials and shows that sexualized children.

> And I know my daughter and I have talks all the time. She's not really bad with this stuff, but sometimes we have to talk about it. I'll be like, "Look, do you see how that girl's dressed? Do you see how that's not appropriate for a child to be dressed like that? You're a kid; you should only worry about scabs on your knees, not whether or not your pants are low enough or whatever." [laughs] And she's pretty good about it.

Even though Blanca's child was sexually molested, she still felt that being over protective was harmful. So Blue Sky Woman, Wendy and Blanca allowed their children to experience age appropriate outings with friends.

Helene talked about the importance of not recreating her own childhood, but provided a stable home and protected her children from any type of abuse. She was very proud of how cognizant she was of interpersonal boundaries and reported how well behaved her children were. For example, she described an incident where her friend's little boy exposed himself. She told her friend, "That's not *normal*!" She went on to explain how boundaries were enforced with her friend's boy.

> My boys weren't allowed to be playing with him again unless they were here where I could see them. No more. I don't want this kid in my house, even though in *her* eyes he's innocent; she talked to him. Sorry. If they don't know that that's not normal, then I have to stop him from playing with my boys!

Barbara reported that child welfare became involved in her family after her husband assaulted her child.

> My husband, he's an alcoholic, to start with, and when he's had more than about two-and-a-half liters of alcohol, he just turns into Jekyll and Hyde. In 1991 he stuck a loaded shotgun in our oldest child's mouth, who was about three-and-a-half years old at that time, and he went to jail for that.

Even though Child Welfare became involved at this time, Barbara reported asking for help and feeling as if her plea for help was misconstrued.

> And I've asked Child Welfare for help different times. They became involved in *my* family after this incident with my husband and the gun, and, of course, I was neglecting my children, I was abusing my children, and alls I ever tried to be was a good parent. I didn't know how to be a parent, and I wanted my kids to have a better parent than I ever did. So, of course, that got documented that I had asked for Child Welfare help, but I needed the help, and, of course, it went on the Child Welfare records in the words *they* wanted to use, that I had involvement with Child Welfare for umpteen hundred years as a kid and that kind of stuff. So whatever you tell them, it gets turned around anyway.

At the time of the interview, Barbara reported that her children were doing well in school and she provided a stable home environment with the basic necessities and emotional guidance that she did not experience while she was growing up in with her parents. Child Welfare was no longer involved with her children.

While Valerie was raised by very supportive family and reported a happy childhood, she disclosed that a relative sexually molested her eldest child. She reported feeling deeply affected by this, stating "What happened to my child is way more devastating and will affect me forever a thousand times worse than what happened to me." Her struggle was related to feeling that she "didn't protect" and let her "child get in a situation that they couldn't get out of." Yet, logic told her that she could not have known this was going to happen. During a family visit with relatives, she walked in on her son and the perpetrator. She described what happened next:

> But there again, being the type of person I am sure helped me out, because I literally walked in on a situation, and the look on my child's face, I thought they were doing something wrong, touching something they weren't supposed to, something like that, right? But I don't let those things go, no: "I can tell by the look on your face." And I've already [gone to] the mom tone: "You guys are up to something in here, so Ricki, you come out here and tell me what is going on." I wasn't prepared for the answer. [laughs] But they told me.

Not only did she struggle with the fact that it occurred and with the guilt of not having protected her child, but she also wrestled with how to tell your children about the possibility of being sexually abused by family members. Her discussion centered on how much easier it was to accept and educate her children about the stranger or acquaintance as the sexual predator. She stated:

> It's easy to just talk to your kids about that type of person, or the guy at the park, or the person in the car, or even the teacher at school. But when you cross over into your family and people you love and, "Those same people could potentially harm you, and if that happens, you need to tell me."

Valerie's family was very supportive of her child and sought to deal with the situation rather than deny this had happened. She hoped her child would experience an apology and retribution from the perpetrator.

Disclosures

Unlike the older cohort, many women from the younger cohort had disclosed during their adolescence and childhood. The exceptions to this were Dansani and Blue Sky Woman, who both disclosed to their family members as adults. In 1992, Dansani disclosed to her older sister. She still was living at home, but since her adolescence she continued to run away. She stated:

> Like I said, the very first person I told was my sister. One day I was at home, and I told her, "I really do need to talk to you," and she goes, "What happened?" and I just told her. I said I was abused by this person [the main abuser]. And in fact, my sister doesn't even know one of the abusers was also her ex-husband…Then my sister kind of explained to my mom what was happening, why I was the way I was, running away.

Following this Dansani's sister arranged a family meeting where Dansani told her mother, brothers and sisters face to face. She reported feeling "some relief" and "more loved."

The outcome of Dansani's disclosure was positive in that her family supported her and became more understanding of her behavior. However, this was not the case for Blue Sky Woman. She disclosed on two different occasions to her father with respect to sexual abuse she endured when she six or seven years old. The first time she disclosed she was in her early twenties. Her father's response was disbelief and anger. She described what happened:

> But for a long time I carried my pain, for many, many years, and when I did finally speak up and tell my dad, he told me that I was nothing but an F'ing liar, nothing but a no-good-for-nothing liar: "You've got a wild imagination. You will do anything to destroy our family," because these were his brothers, three of us brothers. And he would say things like, "You're not going to drag my name

> through the mud. You're not going to ruin this family with all your lies and your stories. And why did you wait this long to say anything?" …And he just went right through the roof. He was calling me all these names and was saying all these horrible things in front of his family, because he remarried, and he has a second wife now…He basically threw us out of his house, my kids and I, and told us *never* come back. And he was phoning *everybody*, "Can you believe what she's saying?

Following Blue Sky Woman's disclosure she described herself as "messed up" and suicidal as she was not able to release the pain she felt. She moved out with her children and had no further conversations about the abuse until her father brought up the topic in 1999 and asked her why she "was accusing those three men of doing that?" Blue Sky Woman remained steadfast and told him that the abuse did happen. After this her father still continued to express doubt by questioning the length of time it took her to disclose the abuse the first time. While remaining doubtful, he stated her uncles were abused and she should forget about it. After this conversation Blue Sky Woman went to the police.

> I went to the police four years ago about this, about my uncles. And, of course, at that time I was hearing threats through the grapevine through other family members that they're going to kill me and this and that, me and my kids and this and that, so I felt like my life was in danger, and I had to leave. So we went into a shelter, and it was hell being in a shelter.

Blue Sky Woman then decided to move away from her home. The impact of not being believed a second time and to have her life threatened was enormous. She described how terrible the situation was.

> I left there almost four years ago [in 2003], and if I hadn't left there, I probably would have killed myself. That's how bad it was…. I felt like I was having a nervous breakdown.

After her move, the police reported back to her in 2000. The police told her:

> "We tried to interview the three uncles, and they denied it, of course." And they had no evidence; they had no proof really, because they called it a historic case because it had been so long ago.

Even though she was not able to press charges, Blue Sky Woman reported the distance between herself and her dad's family helped her understand her family's inability to deal with abuse and other issues they were faced with. When she first left her home four years ago she felt humiliated and disowned. She felt she would have nothing to do with them, but more recently they started to call and ask for her advice.

> These people are coming into my life now with their own shit, and I'm just a lot stronger now, that I don't carry their garbage any more like I used to. I can say no to them, and I can speak up for myself.

Despite her father's response of denial and blame, Blue Sky Woman had turned her life around and no longer felt humiliated by her family. She demonstrated tremendous strength in the face of adversity and acknowledged this trait in herself. Her narrative of disclosure shared similarities to the older cohort's narratives as many suffered as a result of not being believed and for some this entailed alienation from their mothers, fathers and siblings. In contrast, the younger cohort's mothers were more supportive than were the older cohort's mothers. However, as was discussed in the previous section, many of the younger cohort mothers believed their daughters' disclosure but failed to deal with the situation appropriately.

Therapy

With the exception of Blanca, Katherine and Valerie, six of the nine women had been in therapy for a period of time. Among those who did not have formal therapy, Katherine stated her friend, who been in therapy, helped her through her young adult years by listening and assisting her to become aware of her interpersonal patterns. Katherine commented how helpful her friend was.

> So anyways, we talked about all that kinds of stuff, my friend Jake and I. We worked through a *lot* of things together, and I started to heal; I started to get better. I think even talking about it was really healing. And like I said, I started to realize that what Dick did to me and my sister and how he acted, that was a reflection on him.

Valerie, as stated previously, had not felt that she was affected by the sexual abuse, whereas Blanca did not mention if she had been involved in therapy.

Wendy and Jocelyn initiated therapy in their adolescence. When Wendy was in Grade 9 she was hospitalized for depression and attended a day program for teenagers. In Grade 10 she was readmitted and started to attend AADAC day program. She repeated therapy when she turned nineteen and by the age of 21 she was able to quit using drugs. She described the process as painful, stating that it was difficult to talk about the abuse, but now felt that it did not "run her life."

> I don't think without those years of therapy I would have made it—I see sometimes that people I was with in that time period and I see what's happened to them, and some of them are dead and some are on the streets, and I just think, I don't know, luck or what it was, but that I survived; I absolutely survived. I'm a survivor.

Wendy's comments indicated how therapy saved her life. She also described the occasional bout of insecurity whereby she required verbal support from her husband, but does not dwell on the abuse.

Jocelyn's therapy was much shorter than Wendy's, but similarly she had some therapy during her hospitalization. At the age of sixteen she was hospitalized after attempting suicide. During her stay she had a couple of days of counseling. During her interview she did not express the need for further therapy and described herself as not depressed.

Helene, Barbara, Dansani and Blue Sky Woman all mentioned therapy in the context of their adult years. Helene accessed Alberta Mental Services after she returned back to Canada in her early twenties. During her therapy she disclosed the rape by bike members. She stated "And because I didn't talk to anybody, I had internalized this, and just became numb." As well she gained insight as to why she became involved with first husband, stating "So all as a result of poor boundaries and not knowing, and thinking I deserved to be treated like dirt."

Likewise Barbara mentioned therapy, but her reference was in the context of an experience where she felt she had been awakened.

> I was seeing a psychologist. I guess it's been about three years ago now. And I got in my car, and I have a little angel hanging on my mirror, and she's been there ever since I got in the car and I was driving across [name of bridge], and I turned on the radio. I don't know what the heck—"Danny, Don't Walk So Fast" or something was the name of the song, and it was just like I had come to life. I opened my eyes, I could see what was going around me and stuff, and all of a sudden I had more energy, and I thought, What's the hell's going on! I told her about this and she said,

> "Maybe your angel opened your eyes." And I said, "It was like I was being programmed to do something that I had never done before." [laughs] It was just like I had waked up. What's going on here? [laughs] And I look at people today and I think, God, you guys all act like you're zombies. You get up and it's, "Ho hum, do I have to do this today?" You don't want to do it, but you know you have to get by or whatever. And nine times out of ten if you look at people, you can see their attitude on it, and I think, God, was I like that? [laughs]

Through her therapy she also accepted that she was courageous. In the following quotation Barbara described how she questioned what the term meant and how it applied to her.

> I asked the psychologist, I said, "How stupid am I?" I said, "What does courageous mean?" And she said, "Oh, let's look up in the dictionary." She said, "It could mean a number of different things." So she showed me in the dictionary, and I said, "I'm not none of them things." And she said, "No," she said, "you're wrong." She said, "You're all of them things." And I'm thinking, "What do you mean?" She said, "You've got to look at yourself from within." She said, "You're one of the most caring people I've ever met." And I'm thinking, "Yes, you're just saying that because you're getting *paid* to say it." [laughs] But I truly believe that I maybe am a pretty courageous person at times.

Barbara's connotation of courage as caring is exemplified through her story of her mother, who now has dementia and is in a nursing home. During her youth, her mother was physically abusive and neglectful. Apparently her youngest sister was favored and doted on, but despite this Barbara is the only child who visits and takes her mother out.

> But I'm the one that's been looking after her for basically the last ten years. None of the rest of them could be bothered. If they come to the city, "We have to go and visit Mother" kind of thing, but only if it's thrown their way or in their court. None of them would make that effort to go across the street to see her, whatever.

Barbara explained why she looked after her mother, "To me she is my mother, regardless of what has happened, and I don't know if it's a commitment or if it's out of love or what; I can't say."

Dansani's accessed therapy through the Sexual Assault Center after she disclosed to her sister and family in 1992. Through group sessions she was able to label her experience as sexual abuse. One of the things she learned about sexual abuse was that it affects all income groups. Dansani stated:

> I portrayed these women as being low income. But when I went to this group I found there were women from all walks of life of that had been abused, but I kept stereotyping abused women as mostly Native and unkempt women, [sighs] hygiene-wise. Even though—I'm not saying that—I keep my appearances very well; my hygiene and everything is great. It's just that I thought, because they [Native and unkempt women] didn't have the same resources as women who were in the upper class, and I thought everybody in the upper class were the ideal family, the perfect family, that they had everything going for them. And a lot of them are struggling through drugs and alcohol, and that was their way of coping.

Dansani mentioned how she experienced intrusive and reoccurring memories and nightmares of the abuse. As mentioned previously no one had been able to help her with these symptoms which are similar to Posttraumatic Stress Disorder.

Blue Sky Woman's healing was attributed to counseling and access to her cultural ceremonies.

> I think for myself I've come a long way and dealing with a lot of my own stuff. I've had counseling, and in my culture I go to sweat lodges and ceremonies and things like that for my own healing, and smudging with my sage or sweetgrass. That's a very healing thing for me, and talking to Elders. It's really made me look at things a lot differently.

As a result of her healing, Blue Sky Woman no longer denied her abuse or feelings, but experienced her emotions and memories as they surfaced. She also attributed her healing to leaving her family of origin and extended members. This allowed her to view her family with distance and objectivity, something that she didn't have prior to the move as she struggled to have father believe her and take a stand to protect her. During a trip back to her home, she realized her family was "sick."

Overall, five of the six women voluntarily sought therapy or counseling (Jocelyn did not seek counseling after her stay in the hospital) and among these five, four described changes that altered their lives in positive ways. Significantly, of the six women who experienced therapy, five did not complain about the quality of therapy. Dansani was the exception as she continued to struggle with symptoms of trauma that no one had assisted her with. The first ones to access counseling were Helene, who described going to Alberta Mental Health Services in 1984, when she was twenty-three and Blue Sky Woman who accessed contact with a counselor when she attempted suicide at the age of fifteen. Help was readily available to younger women, such as Blanca, Katherine, Wendy and Jocelyn, who were born in the 70s. For example, Blanca was able to access assistance through Child Welfare when she first left her father's home when she was sixteen. As an adolescent Katherine knew help was available, but chose not to access it as she thought it would hurt her mother. Wendy was able to access programs for adolescents both within the community and hospital. Jocelyn also accessed help when she was hospitalized.

To compare counseling experiences of women from the older cohort to the younger cohort, five women from the older cohort continued to integrate the abuse into their lives. Angela and Cynthia had just accessed therapy five to six years prior to 2003. Helen and Sache described some of their experiences with therapy as less than desirable. Sache was able to access effective counseling in 2002 despite the fact she had been involved with several counselors, hospital programs and a government counseling agency. Helen also described ineffective therapeutic experiences, particularly in the context of her current psychiatrist. These experiences are dramatically different from the experiences younger women described.

Unlike women from the older cohort, the younger cohort described earlier recognition of their experiences as sexual abuse. Media exposes, public education, and books were available on the subject and younger women were able to access these sources at an earlier age. Recall that as an adolescent Erin's only source of information on incest was through the library references and even so it was discussed in reference to its taboo. The only other reference to incest was through gossip as Cynthia recalled finding out about a youth who experienced father daughter incest.

In comparing the effects that were disclosed spontaneously through the interviews, less lengthy periods of time were spent by the younger cohort dealing with the effects like substance abuse. Many had worked through addictions and suicidal behavior much earlier. Recall that Rolande, Sache, Helen, Angela and Sabrina from the older cohort attempted suicide. With the exception of Sabrina, the above mentioned women repeated suicide attempts throughout their adult years, whereas Blue Sky Woman from the younger cohort would repeat suicide attempts in her early adult years. Addictions were described by three of the younger cohort and by their early adult years two had been able to address their addictions. For the older cohort, three women struggled with addictions, but abstinence did not occur until women were near the end of their twenties or in their thirties. None of the younger cohort continued to struggle with self-blame. Even Blue Sky Woman relinquished the sense she was "garbage" and "dirty."

Through a comparison of the two cohorts it is apparent that their experiences differed enormously in the context of what was known about childhood sexual abuse and what services were available to assist individuals with the experience. Women from the older cohort lived through an era where silence surrounded childhood sexual abuse. Child abuse hotlines, prevention programs and media exposes were non existence when they were young. There were few avenues for assistance. Among those who disclosed as children or were discovered as in the case of Lenora, they were silenced through punishment or blame.

Media

Media was considered in whatever format women wanted to consider. Some of the ways women talked about media were to mention events reported by journalists or news exposes, movies, and television shows, autobiographical or biographical writing, fiction novels, prevention programs, songs and advertisements. Some of the movies were unavailable to rent or purchase due to their obscurity or not being released for rental or purchase. Whenever possible, I tried to go back to the original book or movie and review it myself. All media sources were from the 1980s and onwards, when I asked women for examples from earlier decades they were unable to provide any. Due to the way interviews were structured, with first interviews focusing on women's life histories and second interviews focusing on media, some women did not come back for a second interview. Women were able to decide to what extent they wished to participate in the interviews. When women agreed to second interviews, not only did they decide what aspect of media they wanted to consider, but they also could decide to discuss it in terms of their own lives or in general terms. So when I asked women to consider media and its representation of child sexual abuse, some women were not able to provide indepth discussion of stereotypes or how a specific form represented child sexual abuse. Most women provided very general comments using terms such as "it" or "there is" when they referred to media. I even tried to generate specific forms of media such as recent movies, fictional works, television programs or news releases. Even when I tried to provide examples of specific forms of media as to stimulate a conversation, only five women were able to identify how child sexual abuse was portrayed in a specific media source such as a book or movie.

There were two ways in which I analyzed media; the first was to consider women's responses to the question "In what ways do you see the media portraying the experience of child sexual abuse? Do you think it accurately depicted your experience?" The second way was to examine women's narratives for direct and indirect references to media. For example, I looked for spontaneous references to books, television shows, or their childhood awareness's of child sexual abuse during the first interviews. Both direct and indirect references to media were considered important as this demonstrated the influence that ideologies from various sources such as psychiatry, health care institutions such Guidance Centers, or societal norms on sexuality had on women's lives.

The first section of this chapter will examine how women perceived media in its portrayal of child sexual abuse. The second section will examine women's narratives for possible influences of media.

Women's Perceptions of Media

Women's comments were classified into two types: providing general comments about views of the media as a whole; and providing specific examples of media sources describing childhood sexual abuse, such a movie or specific book.

General Views

Inadequate portrayals of child sexual abuse were frequently mentioned as women discussed media. Many women thought it was still swept under the carpet and did not convey the suffering that they endured. As well women commented on how the media tended to convey or depict certain images.

Swept under the carpet. Various groups such as psychiatrists, sexologists, and academics who commented on the veracity of child witnesses in the court room in early and mid twentieth century decades denied child sexual abuse by stating it was a rare occurrence, attributed it to a fantasy, due to overcrowding and poverty or described child victims as sexually precocious. These ideologies contributed to effectively silencing women born in these earlier decades. Feminists such as Armstrong (1978), Butler, (1978), Herman, (1981), and Rush (1980) of the later part of the twentieth century have put these myths to rest, but despite this, women identified being silenced. Words and phrases such as "taboo", "swept under the carpet", "denied", "hidden", "people still don't want to hear about it," "dirty little secret," and a general attitude of "if it doesn't affect me then I will ignore it" were used by women to describe the way in which media, as used in a very general sense, portrayed child sexual abuse. For example, Sache stated:

> It's a conspiracy of apathy because it's difficult to talk about that: "It's uncomfortable, so we just won't talk about it." And that diminishes all your feelings as well, because you can't talk about it. Who the hell can you talk to about it? You can't even, unless you pay a therapist. It's like, "This is why I came here." It is like, "Shit, if I can talk about it and do something with it, why not?"

As Sache mentioned discomfort surrounded child sexual abuse. The impact of this discomfort was to diminish her feelings due to the silencing. Comparing a physical illness such as breast cancer to sexual abuse, Sache commented that sympathy is extended to women who have breast cancer, but to be known as someone who experienced childhood sexual abuse is to be diminished.

Cynthia stated "incest" was taboo in the sense the word could not be uttered and in fact needs to "be spoken." In this context she mentioned that publicity of sexual abuse and incest had increased, but thought people were still very uncomfortable with the subject. This discomfort was seen in others as they recoiled in disgust and inappropriately responded to disclosures. Moreover she thought change would only occur if individuals talked more about child sexual abuse. Her goal was to have "children heard."

In a similar vein Angela described how she perceived the discomfort that was associated with child sexual abuse. She stated

> There's still that idea…"I'm not going to interfere," even though the Child Welfare Act is there to say if you suspect or know of abuse, you have to report it to Social Services, or there's a hefty fine. But there's still that denial because it is so ugly and it is very hard to comprehend, especially incest.

Angela's point was in reference to the occurrence of child sexual abuse versus how often it is reported. A glaring gap exists as the rate of reporting does represent the extent to which a crime is committed. For example, in 1988 the rate of reporting sexual assaults across Canada was 122 cases per 100, 000 people (Roberts, 1990). Or from the National Population Survey, investigators found that 2/3 of the sample, who reported being victimized as children, never reported immediately. Those who disclosed usually did so when they were older and disclosed to physicians, parents or to their spouses (Badgley, 1984). Angela also described how the discomfort surrounding child sexual abuse and its relations to disclosure affected her personally. When she disclosed to her friends, she lost friends and experienced disbelief. As a result Angela was very careful about who was part of her support system.

It doesn't convey the suffering. Five women mentioned media sources do not convey the "aftermath", "pain", "ramifications" or "full impact" women endured years after the abuse itself had ended. Angela described her perceptions of media's inadequacies in the following quotation:

> It doesn't come anywhere close to after the abuse. It will depict the abuse going on, and once in a while it'll depict someone taking their perpetrator to court, but it in no way touches upon the devastation of any type of abuse and the years thereafter. And I'm saying "years thereafter" because as soon as it's over with, the trial or whatever, then it's dropped. So they really don't go into a lot of detail on how the victim is handling it and what happens to the victim and how the victim still suffers and all the issues that they have to deal with and the devastation and self-assessment and understanding why you think the way you do or why you behave the way you do and the changes that have to come about, which is about the hardest thing anybody can do, is make major changes in behaviors and way of thinking.

Angela went on to describe an incident that occurred to her as she accompanied a friend to an appeal hearing for victim's compensation. Her appeal was reviewed by the Criminal Injury Appeal Board. During the hearing she was dismayed by the lack of knowledge the legal system had with respect to her friend's status as an adult who experienced child sexual abuse and reported it as an adult. Her first application had been denied based on the rule that the crime has to be reported within one year of its occurrence. The questions the Board asked her friend demonstrated they did not know very much about the after effects of child sexual abuse. So Angela wrote a letter to the Board and read it aloud to the writer. The body of letter went as follows:

> "It is reported that seventy-five percent of children do not disclose an assault within a year of the first incident, and eighteen percent waited more than five years. Ninety percent of males and seventy-five percent of females do not report the abuse at all for various reasons.
>
> "My friend is to be commended for her courage and strength when she reported the ongoing abuse to her school counselor at age thirteen. The counselor did not believe her, and sadly enough, this is the norm. In fact, it takes an average of seven times before a victim is supported and believed, so compliance to this rule is impossible in child sexual abuse cases.
>
> "I was also upset the board did not understand the connection between child sexual abuse and dysfunctional behavior as an adult. Sexual abuse is a violation of a child's or youth's body, feelings, and spirit and cannot be compared to other crimes.
>
> "Sexually abused children and youths suffer many losses such as childhood self-esteem, trust, safety, and security, to name a few. Child abuse impedes the growth and development of a child or youth. Humiliation eats away at them and festers, poisons, and undermines their being.
>
> "For the majority of the young victims, the effects of abuse manifest themselves in many forms, such as dysfunctional relationships, depression, dissociation, vulnerability to revictimization, drug and alcohol abuse, promiscuity, and suicide. These are just a few of the effects.

Angela's letter was moving and demonstrated how she exerted influence in this situation to address what she saw as a knowledge deficit. Her friend was awarded compensation.

Blue Sky Woman held that newspaper journalists often reported perpetrators' sentences, but their sentences were minimal in comparisons to the impact it had on victims.

Perpetrators received a "slap on the hand for doing the stuff they do", whereas victims "served a life sentence as they live with the abuse for the rest of their lives". Perpetrators' sentences mismatched the effect they had on their victims and this aspect was not conveyed by media. She wondered what impact journalists would have if child sexual abuse was reported in detail or the "nitty-gritty" was given? Would this help convey the damage victims accrue? In this regard Blue Sky Woman described how the media held back or only partially reported the crime. Extending this line of reasoning, Blue Sky Woman described the need to advertise child sexual abuse, as in predicting how many children were being sexually abused each minute, like some of advertisements on child poverty and death do. Billboard advertisements advocating parental responsibility for assuring child protection against child sexual abuse was another way she thought the problem could be addressed.

Slightly different in her focus, Wendy thought that some aspects of media were clinical, cold and dehumanizing, as the focus was on the act itself or the "dirty deed." She thought more emphasis should be put on the mental effect that sexual abuse has on people and this aspect was missing from the media. Speaking from her experience Wendy stated:

> But in general the real damage is internal; it's not like a bruise that goes away. It's something you have to learn to live with, and you have to absorb it as part of your identity, and you have to find a way to absorb it in a positive way, and that's really hard, because it's not a positive thing. That's really hard. So yes, I think that that's what's lacking in a lot of literature: People are too hung up on the details of what happened, and that's not really what matters. The details should be around what your mind has done to cope and how it's going to heal itself. That's where the focus should be. That's what I think of from the literature.

Wendy's description of "literature" as failing to understand the anguish and ways of coping certainly applies to clinical literature as the language used by medical/psychological professionals conveys impartiality through diagnoses, symptoms, and the compression of experiences into statistics and categories. For example, in remembering Wendy's experience of sexual abuse, a medical approach could report her experience in the following way:

> Client presented as well groomed young woman, wearing causal slacks and a matching shirt. Friendly and cooperative towards the interviewer, she clearly articulated her story of sexual abuse. Client experienced sexual molestation from the age of two to eleven. Perpetrators numbered four and included two siblings, one older boy, and an extrafamilial adult man, her friend's father. She disclosed at the age of 13 to her mother. Experienced depressive symptoms such as dysphoria, suicidal ideation, distrust of others and withdrawal at the age of fifteen. Hospitalized twice and treated successfully with antidepressants. From the age of 16 to 21, she abused alcohol and street drugs. No current symptoms of depression and substance abuse. Affect appropriate to the topic of conversation and displayed a range of affect. Maintained eye contact throughout the interview. Responded to the interviewer's questions in an appropriate manner. No evidence of thought disorders or perceptual disturbances. Speech was appropriate in rate and volume. Orientated to person, time and place.

The above notation, which is a standard mental health assessment, fails to convey the impact that sexual assaults had on Wendy.

Health and helping professions' clinical literature generally takes a static one-dimensional and highly circumscribed and dissected view of an experience such as child sexual abuse. The result is the fragmentation of an experience that robs it of the pathos, humanness, and variations. Thus an experience of child sexual abuse becomes a plethora of highly specialized language that aims to construct a multitude of in depth views and knowledge that is far removed from the language and experiences of those who experience child sexual abuse. For example, indepth areas of specialized knowledge found within academic and clinical discourse are: self-blame and attributions; incidence and prevalence rates; perpetrator's characteristics; family environments and risk factors; psychiatric categories such as borderline personality or posttraumatic stress disorder; boundaries; disclosures; dating experiences; intimate relationships; sexuality and prostitution; dissociation; therapeutic approaches; and attitudes. As Wendy pointed out the result of not having authors of "literature" describe mental anguish was to be dehumanized.

Images from media. Women described how media portrayals of child sexual abuse varied drastically from their own experiences as certain types or outcomes of sexual assault were reported or became the center of attention on television. Currently to be considered newsworthy Katherine noted how children who were sexually victimized by persons of publicly entrusted positions such as teachers, priest, hockey coaches or prison guards received media attention. Her point was not to minimize the seriousness of these crimes and that they did deserve to receive public attention, but that this attention did not portray the full range of child sexual abuse cases. If this was one's only source of information about child sexual abuse it would easy to see how one could construct this as a crime of extrafamilial perpetrators. For example, on April 29th, 2006 at 1700 hours on CTV, Oprah Winfrey from the television show "Oprah," discussed child sexual abuse in the context of female teachers who had fallen in love with their male students and sexually abused them. Three teachers, all of whom were found guilty and sentenced, were interviewed and claimed to be remorseful over their former actions. Only two youths who were victimized made appearances on the show and talked of how they became sexual with their teachers and of their subsequent feelings of betrayal and shame following the abuse. Oprah's point was that the sexual abuse of boys was very harmful. During the show Oprah also disclosed how she was sexually assaulted at nine years of age. Although Oprah's portrayal of sexual abuse demonstrated the dynamics and misuse of power and trust by these three teachers and the devastation that victims felt, the show failed to represent those who are sexually abused by acquaintances or family members.

Helen thought television did not portray people who lived ordinary lives. For example those who grew up in working class homes, were employed in blue collar and/or middle income jobs, married and then started to remember the sexual abuse. As well she thought television neglected to represent the phenomenon of dissociation and the loss of control that ensues as one goes through the process of recalling memories.

> What I see is really missing is where I am: somebody who remembers and starts to dissociate and has little fits of rage because you have no control. All of a sudden you have no control. You had no control when you were abused, but you really have no control over what's coming up next in your mind, and you can't stop it, and you can't change the way that you're feeling. That anger is there. And you begin to look back on your life and see how some of the bad things that have happened in your life have been dictated by the fact that men couldn't keep their hands off you, and that's not fair. But they don't ever show that on TV...You don't see people sitting there in a group at a sexual assault center trying to figure out if that memory is true or not. You never see the follow-up and how painful it is,

because in any media I can think of, you have to have "And they lived happily ever after," and I don't believe that we do.

In contrast to Helen's view, Lenora expressed the view that the media portrayed victims of child sexual abuse as being "traumatized" and "degraded" but failed to see the strength of adult survivors portrayed, where they work though the effects of the abuse and go on to lead "normal" lives. The underlying motive or reason for the lack of narratives of healing was that sickness drew audiences in various forms of media.

Another portrayal identified by Katherine was the image of horrific sexual abuse. Montel Williams, the host of another daytime talk show, entitled "The Montel Williams Show" has in the past, according to Katherine, interviewed individuals who experienced extreme sexual abuse. She thought this portrayal was helpful to individuals who might have experienced this type of abuse and were struggling with their abuse, but she compared her experience to this and minimized what she experienced. She stated, "*Was* I sexually abused? Is that classified as that?"

To summarize there were various facets of concern expressed by women about the way sexual abuse was portrayed on talk shows, the news and the media in general. These were the lack of attention to suffering associated with sexual abuse and increased attention to perpetrators in entrusted positions such as teachers and hockey coaches. Adult victims who experienced horrific abuse or those who live extraordinary lives are depicted in media sources. To be certain this was not evident in all the narratives of eighteen women. Five women experienced horrific abuse as in being physically abused, sexually penetrated during preschool and early school ages and victimized by many perpetrators. Yet any form of sexual abuse is devastating, as Erin noted in her life history. She experienced anxiety and depressive symptoms as a result of her father's sexual molestation and was only able to shed the self-blame when she was in her forties. Among the professional perpetrators or those who worked with children, women reported being victimized by a school janitor, social worker, and a teacher. For example, Sache remembered a teacher grabbing her breasts after class. These professionals, who were perpetrators, were not the only ones who sexually abused women. For example Sache's uncles, cousins and father also sexually abused her. As in the case of Barbara who was sexually abused by a social worker, her perpetrators also included family members. All women in the oral history lived quiet middle class lives. Sixteen women experienced periods of suffering following the abuse, whereas two women did not. There were suicide attempts, substance abuse, and periods of feeling messed up. Despite this many women described being able to work through substance abuse, depression and suicidal attempts and felt they were no longer messed up. But they continued to emphasis how painful it had been for them. They experienced anguish. For example Erin, Lenora, Rollande, Blue Sky Woman, Barbara and Wendy all identified having worked their way out of the suffering, but this in no way minimized how painful it was and sad feelings were still expressed during the interviews, which I might add are very appropriate given what they experienced. Needless to say there is not just one trajectory following sexual abuse and the media and clinical literature fails to capture this.

Media Sources: Specific Accounts Considered Good Portrayals

Various movies, television shows, books and a song in one case were considered more accurate and representative of women's experiences. In most cases these were experiential and based on a particular adult survivor's lived account. For example, "When Rabbit Howls," "The Sheldon Kennedy Story" and "Don't: A Woman's Word" were based on survivors' accounts and were named by women as being good at representing the anguish and ways survivors tried to cope with the sexual abuse. There were exceptions as some fictional accounts were considered to be good portrayals; as in "Nuts," "A Thousand Acres," "Monsoon Wedding" and "Bitterroot Landing."

Autobiographical and fictional accounts of being abused. There were two autobiographical accounts named by women: "When Rabbit Howls" (Chase, 1987) and "Don't: A Woman's Word" (Dancia, 1988). Both authors chronicle father-daughter incest, but Truddi Chase's account starts from 1980 when she engaged in therapy with psychotherapist Robert A. Phillips PhD. The book was written collectively by Truddi Chase's 90 plus personalities and is a compilation of her daily journals, taped therapy sessions and of her personality called the "Recorder" who has a photographic memory of her conversations with Dr. Phillips. Chase's book covers the four years of therapy where the personalities appeared and disclosed memories and functions they held to ensure Truddi Chase's survival. Whereas, Elly Danica's (1988) book is written in prose as an account of her returning memories of her abuses including father-daughter incest, child pornography, child prostitution, and physical and emotional abuse. She starts her book by explaining what the word "don't" means to her; that is how she coped by not feeling and thinking. She goes on to say how she never knew herself but knew death through her father with his pants down. Not using a chronological order, Elly writes about blocks of time in the order she remembered the abuse. The first period is when she was eight and is forced into the back of a car at stock car races and is repeatedly raped by men her father solicited. Both accounts capture the pain and humiliation that they felt although they are written very differently; Elly Dansia's account is written in the first person singular whereas, Truddi Chase's account is in the third person.

Wendy identified how Chase's book helped her relate to her own "personal hell." First it provided a point of reference as she understood how her "hell" was less severe than Truddi's abuse. As well she recognized Truddi's description of a black spot that she mentally escaped to as similar to the mental state of detaching herself from the abuse. She stated:

> "Just get through this." It was very similar, and you do sort of close off mentally. You find a way to sort of detach yourself physically from what's going on, just close in. Your mind has ways of protecting you, I guess.

At one point, Truddi Chase described how Nails, one of the Troops or one of her personalities, was able to block out unpleasant or derisive comments. This ability to concentrate or tune out served to insulate her from criticism or insults, but also deepened her troubles as she became lost in tasks and then wondered what she was suppose to do. Truddi Chase's mind served to protect her from the age of two when her first born self, after being sexually assaulted, was replaced by a succession of personalities. She described the "Tunnel," the inner walls of her fortress, as a place where her personalities resided. The "Tunnel" represented Ean who spoke Irish, and was considered old. The Gatekeeper had replaced Ean. Inside the "Tunnel" three personalities were responsible for keeping the Troops from knowing each other; these were the Buffer, Interpreter and Front Runner. The Buffer absorbed the "Troops" or the personality that was present as to take the pain. The "Interpreter" sought to decode the words of each personality and made them palatable as they were spoken through the mouth of the woman. The Front Runner was aware of the identities of the personalities and absorbed their individuality. The Woman had been constructed to present a normal self to society and through the woman the personalities spoke and acted. She did not have a thought or emotion that she could call her own. As

Truddi Chase progressed through the therapy and process of writing in her journal, personalities revealed themselves to her therapist, who she called Stanley. Layers of memory were revealed through the "Tunnel."

Aside from describing the mechanism of how her mind operated, Truddi Chase captured the rawness and emotional intensity of the memories that were associated with some of her personalities. For example, one night when Truddi awoke from a nightmare, which was of being in water well, she later recalled the experience under hypnosis when she saw Dr. Phillips. She had been six years old when this happened and it was Olivia II (one of her child personalities) now dead, who recalled the terror, the coldness of the well, and having snakes thrown on top of the wooden crate in which she was trapped and suspended down the well. Truddi demonstrates how the Woman started to gain an awareness of Truddi's Troops, experienced memories associated with the Troops, and experiences the Troops' anguish and torment. It is a griping account.

Both Chase and Dancia experienced horrific abuse, not only because of the bestiality, which Chase experienced, but also because of the torment and cruelty of their fathers' degrading and dehumanizing remarks, physical beatings and physical sexual contact as in intercourse. The end result was of being robbed of nurturing and caring. Dancia described being the scapegoat of her family in that her whole family called her a liar and told her how she was hated, while Chase described her mother's absence and cruelty. Both demonstrate how it is possible to cope and survive with this cruelty but obviously in very different ways; Truddi Chase was diagnosed with Multiple Personality Disorder or is now known as Dissociative Identity Disorder, while Elly Dancia described depressive periods and the use of prescription drugs and alcohol.

One of the fictional accounts of being sexually abused was "Bitterroot Landing" written by Sheri Reynolds (1994). The book is an account of a young girl who goes through her life being sexually abused by many different men, one of whom was her adopted father. Later she learns to heal herself through self reflection and trusting her inner self and spirituality.

The story starts out with Jael, the protagonist, as a child who is described as having an unusual mother. Her mother earns a living by brewing and selling spirits in their home/ drinking parlor. Mammie, which is how Jael addressed her mother, also possesses knowledge of herbal remedies and was teaching their uses to Jael. Without a father, Jael is left alone to play in the woods surrounding her house as her mother was busy brewing and tending to the care of her business and home. As Jael is approaching the age of 10 or 11, her mother, asks her to start minding the customers in the evening. Jael voices dissent to her mother, who in turn tells her she will get used to men grabbing her. In the past customers entered her room and molested her as they were sent to fetch bottles of spirits, which were kept under her bed. Furious with her mother, Jael ran outside and hammered nails in to her favorite tree with a heavy mallet. As her mother steps outside to call her inside, Jael, who is still full of anger, strikes her mother in the head with the mallet. Running inside she leaves Mammie lying on the ground. Later a customer stumbles over her dead body. Jael does not disclose her deed and the public believes her mother was murdered by a customer who wanted a bottle of liqueur. Jael becomes a ward of the court and is temporarily housed in the basement of the Pentecostal church. A church woman tells Jael her mother's death was a blessing in disguise, as now there is hope for Jael's heathen soul. She would be taken in by River Bill, the deacon of the church who was recently widowed.

River Bill, as his name implies lived in a house that sat on stilts and was perched over a river. The only way to access his house was by boat as he lived in a thicket of wild land with no road access. As a result of the distance from any town Jael completed her school through correspondence and did so at an accelerated rate. With the exception of Sunday's, when both River Bill and Jael would take the river boat into town, she was alone. She lived on the river for 10 years and at some point stopped being an adopted daughter, but instead became his wife. This confused her.

Thompie Hayes, a handsome young man, comes to the store and takes Jael out for a boat ride. They end up camping overnight on the banks of the river. Jael awakens in the morning to find that she has been abandoned by Thompie. Instead of trying to find her way out of the forest and river area, she decides to live on the banks of the river under an oak tree that had been partially lifted out of the ground by a tornado. She carves a hole in the ground where its roots had lifted out and uses this as shelter. For food she learns to hunt frogs and fish. During her isolation, Jael starts to remember the men who came to her bed when she lived with Mammie and dreams of apologizing to Mammie. This is a turning point as prior to this she felt Mammie deserved to die. Through her dreams she discovers Mammie is still with her.

One summer day Jael becomes ill and three women who had hiked in and camped at the river discover her lying unconscious. Jael is taken to a hospital, treated for the infected wound she self inflicted and as she recovers refuses to tell anyone of her past. She feigns amnesia and is then taken under the wing of a social worker, named Helen. Helen finds a job for Jael as a janitor for a Catholic church and it is here that Jael has a tiny suite in the church basement. Jael meets Wallace, a carpenter who is building new confessionals for the church, and a relationship develops between the two of them. Meanwhile Jael has been continuing her inner journey of healing through art work such as sculpting and painting and eventually discovers other women to whom she can tell her experiences too.

Cynthia mentioned how this book appealed to her as it portrayed a woman who steps outside of the conventional ways of healing and learns to trust herself as she reinvents her life. She stated:

> When we are abused, we're placed in a role, and we're confined. And when we heal, we often again are confined within other boundaries; we're confined within therapeutic boundaries. We do that to be safe as we're healing. But in this case this woman chose what boundaries were going to be safe for her, and they certainly wouldn't be for everybody, but I thought it was quite incredible how she rebirthed herself and what courage it took, what tremendous courage it took, and that was inspiring. How many of us could go out into the wilderness and dig ourselves in under the roots of a tree and feel our Mother Earth holding us and caring for us?

Significantly Jael is not portrayed as a victim, but as an outcast and recluse who finds her truth embedded in her flaws or the stigmatizing experience of being abused. She, however, rejects the language of victims and survivors as clinical and refers to it as another form of oppression. Instead of finding her reference to healing through a clinical community, her healing is accomplished through spiritual practice, art, her romantic relationship with Wallace and the relationships she builds with other women who belong to an incest survivor group, which was structured like the Alcoholic Anonymous Groups.

Reynolds' (1994) fictional account is imaginative and entertaining despite the grave nature of the subject matter. Its strength does not lie with its representation of child sexual abuse as some of the characters, like River Bill who is one of the perpetrators, are very unusual. Even Jael who retreats to live under an oak tree is astonishing. Despite these unbelievable aspects, Reynolds captures how devastating sexual abuse and abandonment was to Jael, through her retreat to the wilderness. During Jael's retreat she carves her own flesh as to make it her own. Jael's retreat continues even after she is hospitalized and later takes a job as a janitor. At this point she is at least in some sense integrated in to society, but even as she meets Wallace and develops a relationship with him she is cautious and discloses only in bits and pieces. Reynolds' portrays how slowly Jael pieces her life together as she opens up to a select group people within the confines of a spiritual framework. It is through Reynolds' skillful storytelling that the reader gains a sense of how slow and painful the process of healing is and how much of the healing is not dependent on a clinical community, but on the protagonist's risk taking and quest to find spiritual meaning.

Movies. Four movies were mentioned by women as demonstrating certain aspects and dynamics of child sexual abuse. One movie, which is "The Sheldon Kennedy Story," dramatizes the life of Sheldon Kennedy, a former NHL hockey player of the Calgary Flames and Boston Bruins, who was sexually abused in his youth by his hockey coach, Graham James. This is the only movie which was based on a lived account. Three other movies, all fictional accounts were mentioned; these were "Nuts," "A Thousand Acres," and "Monsoon Wedding."

"The Sheldon Kennedy Story" was produced by Sarrazin-Coutre Productions in Calgary, Alberta and aired on CTV's Signature Presentations Series in October of 1999. Prior to writing the movie script, both the writer and producer spent days talking to Sheldon Kennedy as to find out the details of his life and the abuse he endured. Pierre Sarrazin, the producer, and Suzette Coutre, the writer, wanted to avoid making another production of sexual abuse that depicted scenes of abuse and the ensuing anguish of a young boy. Instead they felt Sheldon Kennedy's life could be portrayed as a love story and how his wife Jana helped to save him from the pain connected to the abuse (Savides, 2000) and this is precisely what the movie depicts. The movie is unavailable for purchase and rental as it is used by the Canadian Red Cross, RespectED Program to train volunteers (Personal Communication, Suzanne Pool Coordinator of RespectED in Edmonton, April 28, 2006).

The movie starts by depicting Sheldon Kennedy's life as a Calgary Flames' hockey player and his reckless life style in the year 1994. Apparently he was arrested for drinking and driving. The movie then introduces Jana, who is an international fashion model, and whose photographs were displayed in fashion magazines and her chance encounter with Sheldon at a Calgary bar. A major part of the movie depicts the whirlwind romance that ensued between Sheldon and Jana. After only knowing each other for 7 weeks, they fly to Las Vegas and married. Shortly after, Jana and Sheldon are seen in a ranch house near the mountains and it is at this point Sheldon is seen as disclosing to Jana how Graham James had sexually abused him for 4 years as a youth and Jana discloses to him that she is pregnant. At this point the movie flashes back to his childhood on a prairie farm to depict his father as a harsh disciplinary who beat him for having poor grades. Graham James is introduced as the hockey coach who is scouting for junior teams and meets Sheldon at a summer hockey camp. Graham was impressed with both Sheldon and his brother Troy's abilities and begins to win the trust of Sheldon's family by acting as a caring mentor who was providing both Troy and Sheldon with the opportunities to reach the National Hockey League (NHL), only if Troy and Sheldon could play for the Western Hockey League (WHL) team he coached, which is a level of hockey just below the NHL. The movie takes a dramatic turn as Sheldon is pictured as a youth staying with Graham James at his

Winnipeg home for 2 weeks. The first night Sheldon stays with Graham, he is awakened by Graham who is rubbing his feet. When Sheldon tries to push away Graham, he is confronted by Graham who proceeds to go to the closet, flick on the lights, and then sits on his bed holding a rifle while he tells Sheldon that people say he is nice guy. The movie moves back to Sheldon and Jana, as Jana asks what he did as a child. Sheldon's life as a youth continues as Sheldon is depicted as a youth living away from his home in southern Manitoba with a billeted family in Swift Current. Graham James is depicted as being able to access Sheldon twice a week in the evenings under the pretence that he was tutoring Sheldon for school. Following these scenes, Sheldon's life with Jana becomes the focus, with the movie focusing on the period of time when Jana is pregnant and how Sheldon's drinking and drug abuse impacts their relationship. Following the birth of their daughter, Jana confronts Graham on the telephone as she knew of the sexual abuse and eventually Sheldon reports the child sexual abuse to the Calgary police. The end of the movie depicts Sheldon and Jana reunited, as there had been a period where she temporarily left Sheldon, and they were relocating as Sheldon was playing hockey with a new team.

Angela commented that this movie accurately represented the suffering and aftermath of sexual abuse as child sexual abuse may lead to substance abuse. The movie depicts Sheldon's alcohol abuse, the risks he took as in driving while intoxicated, and the fears he voiced to Jana about what disclosure would do to his hockey career. So in this way it does show how a youth and adult can be devastated by sexual abuse, yet there is an element of the movie that directly manipulates the audience into believing that all you have to do is disclose and the effects will some how dissipate, like in western movies as the hero defeats the villain and rides off into the sunset with his lady. Sheldon even offers candid comments in his book "Why I Didn't Say Anything" (2006) about the depiction of himself as a "heroic survivor" after disclosing to the media. Receiving a great amount of publicity from various media sources such as newspapers, radio and television, Sheldon repeated his story of abuse many times. The media made the assumption that after he had disclosed he was well on his way to healing from the effects. Yet, Sheldon was not being truthful at this time. Confessing to his continuing substance abuse even after disclosure and during the series of interviews he did, Sheldon would continue to use substances until 2005 as a way to cope with the feelings of worthlessness and of being stupid. One of the interviews was an appearance on "The Oprah Winfred Show" in 1997, which basically described his disclosure and trial which landed Graham James in jail and how much better he felt as a consequence. Even after being in treatment several times for addictions, Sheldon admits at the end of his book that it was Alcoholics Anonymous that gave him hope.

"Nuts" was released in 1987, starred Barbara Streisand and Richard Dreyfusss, and was based on Tom Topor's play written almost 25 years ago (Roberts, 2006). This is a fictional account of a woman, Claudia Draper, who was charged with first degree manslaughter. Claudia is a call girl of upper middle class status, who earned $100,000 annually. During her trial, Claudia flashes back to her New York apartment, where she is depicted as trying to get her customer, who is played by Leslie Nielson, to leave. Leslie tries to persuade Claudia to spend more time with him. She humors him while she explains the rules or boundaries of her relationship until he asks her to take a bath with him. Reacting with a flash of anger, Claudia tells her customer she doesn't take baths. Reacting with aggression, Leslie corners Claudia in the bathroom, pushes her down and starts to choke her. Picking up a piece of a shattered mirror, she is able to defend herself, but ends up killing him.

As the name "Nuts" implies, the plot revolves around Claudia's fight against taking a plea of insanity. If she were proven not fit to stand trial by reason of insanity she could be committed to an asylum for an indefinite amount of time. During the course of her first court appearance, she rejects her parents' hired lawyer as he tries to have her submit to a psychiatric assessment. Reacting bitterly, she punches the lawyer in the nose. The judge thereby appoints Aaron Levinsky, a legal representative who is played by Richard Dreyfuss, to take over the case. Claudia proves to be a tough client for Aaron Levinsky as she is abrasive and defiant, but at the same time is perceptive, witty and intelligent. As the show progresses a relationship between Claudia and Aaron develops, they grow to trust each other as their first impressions are proven wrong.

While Claudia's stepfather testifies, we learn of his incestuous relationship with Claudia. Aaron is able to draw out how the stepfather inappropriately bathed Claudia until she was sixteen years old and of her withdrawal after he started to sexually abuse her. Her mother reacts by crying, but believes her. As the stepfather admits to the inappropriate behavior, Claudia begins to cry, displaying not only her anguish but a defiant look. Aaron Levinsky tells Claudia she is not to blame for the sexual abuse, it was her stepfather's fault.

The movie does not concentrate on the details of the abuse, but demonstrates Claudia's disavowal of her parents and of a judicial and health care system that would likely institutionalize her. Rather than turn to her parents for financial assistance after she divorced, she turned to prostitution. In addition to anguish, the character is displayed as acting seductively towards the psychiatrist Dr. Morrison, who reports her to be paranoid and in need of psychiatric treatment. However, the veil of insanity is lifted off as in the end she is deemed fit to stand trial. In the last scene a jubilant Claudia Draper walks out of the court room into the busy New York streets wearing her psychiatric hospital gown and housecoat.

As the show is over, and just before the list of credits scroll down the screen, some captions appear and read:

Claudia Draper was tried in the State Supreme Court, New York County, on a charge of manslaughter in the first degree. She was defended by Aaron Levinsky. She was acquitted. Dr. Hebert A. Morrison resigned from the staff New York County Prison Hospital. He was appointed Director of Health and Welfare Commission, County of New York.

The captions create the illusion of authenticity. However, at the very end of the list of credits, there is a disclaimer that states all characters and events are fictions.

Barbara Streisand's portrayal of Claudia Draper is realistic in the sense that she depicts a portrait of sorrow, shame, and defiance. Rather than showing someone who is defeated by life, she is able to assert her rights to fair treatment. Yet, the abandonment and betrayal she experiences and its impact on her are depicted. While she may not trust her parents, and rightly so, the relationship between other characters' motives and Claudia's judgments are shown to be congruent. Wendy mentioned how she felt this was an excellent portrayal of the internal impact that child sexual abuse has on a person, while concentrating less on the "dirty deed."

"A Thousand Acres" staring Michelle Pfeiffer and Jessica Lange, was directed by Jocelyn Moorhouse and released in1997. The movie is an adaptation of Jane Smilely's (1991) Pulitzer Prize winning novel of three sisters, their father Larry Cook and of their thousand acre farm in Iowa. The movie follows the plot of the book fairly closely and dramatizes the relationships between a widowed patriarchical father and his three daughters. Ginny, who is the eldest daughter, also narrates what at first is an account of what life is like in a rural county where neighbors have histories with each other and the importance of maintaining appearances. Ginny is depicted as the caretaker and harmonizer in relationships, while the second eldest daughter Rose is fiery and shoots straight from the hip. Both Ginny and Rose are married to farmers, like their father, but it is it the patriarchic father (Larry Cook) who still runs the farm in conjunction with Ginny's and Rose's husbands. Caroline, the youngest daughter, is a lawyer and is just getting married as the story begins. As the story unfolds we learn of their loss, the Cook daughters lost their mother as children and of its impact.

A major part of the plot revolves around Larry Cook and his decision to incorporate and transfer his farm to his daughters. However, Caroline expresses her misgivings with her two older sisters and as a result of Caroline's objections she is left out of the deal. After the land transfer is legalized Larry Cook starts to spend his time drinking, exhibits poor judgment as in driving while drunk, and becomes verbally abusive with Ginny and Rose. The plot takes a turn when Larry takes Rose and Pete's (who is Rose's husband) truck without telling them. Ginny's husband Ty decides to look for his father-in-law and returns with him around midnight during a severe thunderstorm. Outside Rose's house, Rose, Ginny and their husbands stand listening to Larry as he berates Ginny calling her "dried-up bitch whore." This is particularly hurtful to Ginny as she had a succession of miscarriages throughout her married life and never stopped trying to have children of her own. His verbal rampage continues as he expresses his outrage and distrust of his daughters, stating the next thing they would do is put him into a senior's home. Rose, being feisty, refuses to take this and tells her father they have done the best they could for him all these years. Rose statements are loaded as what is not known at this time is the extreme sacrifice she and Ginny paid. Larry refuses to come in out of the storm and starts to strike out at Pete. Instead of walking to his house, which is nearby; Larry ends up at his friend's house.

Following this scene, Rose talks to Ginny about the sexual abuse she experienced. Ginny had completely blocked out the memories of the abuse, while Rose had never forgotten it. Ginny is shocked as Rose tries to convince Ginny that she was abused too and recounts how her father entered Ginny's room staying much too long to adjust a window or say goodnight. Framing the sexual abuse as an extension of her father's patriarchy, Rose explains to Ginny the underlying motive was simply that their father possessed them and used them as he wished just as he owned his farm and machinery. Rose talked about how she gave up her own dreams and sacrificed herself to her father as to protect their younger sister Caroline from the sexual abuse. A few days later Ginny remembers the sexual abuse as she making up the bed she slept in as a youth.

More tragedy unfolds as their lives unravel, with Pete committing suicide, Rose moves in with Jess (the neighbour), Ginny learns of her husband's betrayal, and Caroline files to revoke the land transfer. The outcome of the ensuing trial is to maintain the original agreement. Ginny leaves her husband and gives up her right to the land, while her husband Ty continues to farm it. Rose dies of breast cancer and just prior to her death, Ginny sees Rose on her death bed. The story ends as Ginny goes on to raise her two nieces and sells the bankrupt farm.

Rose and Ginny displayed very different ways of coping with the sexual abuse they endured as youths. Ginny dissociated the sexual abuse from her memory until Rose brings up the subject, while Rose remembered and ruminated. Ginny was less likely to vocalize her anger and grief, while Rose refused to feel sorry for herself and believed she had a right to feel angry. Cynthia mentioned how she felt the portrayal of Ginny and Rose's coping methods not only demonstrates how differently individuals in the same environment subjected to the same perpetrator can cope differently, but represents the inner dynamics of how difficult it is accept the reality of having been sexually abused. She stated:

> In the two characters it's very much part of what a person goes through in their own mind, the part that says, Look! This is what it was. Call it what it is! And the other part of you is going, "Well, yes, but, I'm not sure. Is that really what it was? Is this why I'm this way? Maybe that's not fair. After all, he did do this for us— that wants to make excuses or justify or soften, whatever." And we balance that in ourselves. We flip back and forth and try to blend the two, and maybe that is the coming to terms, is blending those two so that we say, "Yes, this is what it is. And yes, there were times when he was a good and a loving father and whatever—or not. Maybe he was just a bastard." But in my case my father wasn't, but sometimes that makes it hard too.

What is very evident in the story is how the patriarchic, Larry Cook was able to uphold an image of respectability within his community due to his success as a farmer and the maintenance of societal mores such as going to church. On the outside he appears to have given everything to his daughters. Yet as the plot unfolds, the land is found to be polluted by the insecticides that were routinely used in the cycle of planting and harvesting. The land was a possession that Larry Cook owned and used, and in a sense this is what he did to his daughters too; using without thinking of the consequences. Jane Smiley captures less of the trauma and anguish that Rose and Ginny might have felt, but instead stressed the relational dynamics of the Cook family and the farming community, and how incest was not a subject spoken of outside the confines of Ginny and Rose's sibling relationship.

Monsoon Wedding was produced by Mira Nair and released in 2001 and depicts a wealthy family from New Dehli preparing to marry their daughter, Aditi. The main plot is of Aditi and her struggle to let go of her former lover and start a new relationship with Heman who is an engineer from the United States. Although there are several other subplots, one of the subplots involves Ria, who is a cousin of the bride, but was raised by Aditi's father. A couple of days before the marriage, at the engagement party, Ria sees her American uncle with her little cousin Alia. Ria rushes to the dining area asking "What is going on?" Alia replies that he was just feeding her sweets. The night before the wedding, as Ria and some of the younger men and women are sitting on the grass and discussing dating, Alia comments that she doesn't like kissing. Ria ask her cousin in a teasing manner, "What would you know about this?" Alia provides a graphic answer and in this way demonstrates that she has been French kissed. Ria becomes very upset and follows Alia as she is about to leave with the uncle who has been abusing her. At this moment, Ria jumps in front of her uncle's car and pulls Alia out telling everyone how this uncle sexually abused her when she was a child. Ria leaves the wedding and tells her father she can not be in the same house as him if he is not going to believe her. However, the next day Lalit, the father, expresses his sorrow for whatever pain Ria experienced and tells her that she is a very important part of the family. At the wedding as Lalit, the bride and groom, and the rest of the family are going inside a temple to pay their respects to their deceased relatives, Lalit tells his brother, who is the uncle who sexually assaulted Ria that he is not longer welcome and asks him to leave.

Dansani mentioned that this movie was a good depiction of child sexual abuse from the stand point that it depicted it as occurring in other cultures. It certainly has a positive outcome in that Ria's disclosure is accepted by her family and she is defended by her father at the wedding.

In summary, both fictional and biographical movies judged by women as good depictions of child sexual abuse were reviewed. Each movie portrayed a different aspect of child sexual abuse. The earliest account was Tom Topor's play, which was originally shown in 1980 and was later made into the movie "Nuts." At this point, societal awareness of child sexual abuse was ground breaking news. Generally North Americans were not aware of its incidence and people like Louise Armstrong (1978) started to bring attention to incest and child sexual abuse through her written accounts of incest survivors. After the publication of Armstrong's book, she made many appearances in the media. Tom Topor's play mirrored what was happening at this time as it portrayed Claudia Draper as an incest survivor from an upper middle class background and of her fight to be seen as an individual who was victimized by both her family and institutional systems. Just as the psychiatrist from the state asylum diagnosed Claudia as paranoid, Claudia demonstrated that she was not crazy. This was analogous to how child sexual abuse was being acknowledged as a reality among all social strata and not a fantasy or a sign of mental illness. Claudia was depicted as a strong woman who while being abrasive was also perceptive and intelligent. Her victimization as a child provides insight as to why she was estranged from her parents; however the actual victimization was not the focal point.

A Thousand Acres' (1991) genesis is later. At the time of its publication the issue of the False Memory Syndrome had not surfaced and would not until 1994. The phenomenon of delayed memories was being documented and was accepted by the clinical community. Jane Smiley's portrayal of two siblings who cope with it differently reflected the clinical understanding of child sexual abuse. As well, at this time there was a proliferation in the amount of clinical attention that was being paid to the issue of child sexual abuse. Smiley captured how secrecy shrouded its presence in the Cook family and how its head, who is Larry Cook, was respectable. Child sexual abuse is understood as a phenomenon that is embedded in a social context of relationships that are ordered by gender and in this way her depiction of child sexual abuse was similar to feminists such Armstrong (1978), Rush (1980) and Butler (1978). Of course there is an element of pathos as the issue of the loss of farm land and its corruption by the patriarch Larry Cook is detailed. In addition, Rose, who dies of breast cancer, is depicted as a victim in the sense that her marriage and subsequent relationship with Jess Clark break down and she never gets away from the farm, but she does remains true to her emotional self.

"The Sheldon Kennedy Story" was released in 1999 and drew attention to the phenomenon of the "professional perpetrator" and male child sexual abuse. His biography aired a few years following the docudrama "The Boys of St. Vincent." This movie was based on the Catholic Brother Lavin who sexually abused boys in the Newfoundland orphanage. It aired in 1992 on television in Canada (Sullivan, 1995). Sheldon's account does not go into the details of the abuse as does the "The Boys of St. Vincent" but does portray the impact of the sexual abuse in the years prior to his public disclosure and the trial of Graham James. Unlike the "Boys of St. Vincent" Sheldon's portrayal is deliberately depicted as a love story and ends as he has disclosed to the public. He plays the role of heroic survivor, which is not at all how his life was.

Songs. Erin mentioned the song "Tell me there is a heaven" written by Chris Rea. She read lyrics to me in the interview and this is what she said:

> The little girl, she said to me,

"What are these things that I can see
Each night when I come home from school,
When Mama calls me in for tea?"
Oh, every night a baby dies,
And every night a mama cries.
What makes those men do what they do
To make that person black and blue?
Grandpa says they're happy now.
They sit with God in paradise,
With angels' wings, and still somehow,
It makes me feel like ice.
Tell me there's a heaven,
Tell me that it's true,
Tell me there's a reason
Why I'm seeing what I do.
Tell me there's a heaven
Where all those people go.
Tell me they're happy now, Papa,
Tell me that it's so.
So I tell her that it's true,
That there's a place for me and you,
Where hungry children smile and say,
"We wouldn't have no other way."
That every painful crack of bones
Is a step along the way,
With every wrong done is a game plan
To that great and joyful day.
And I'm looking at the father and the son,
And I'm looking at the mother and the daughter,
And I'm watching them in tears of pain,
And I'm watching them suffer.
Don't tell that little girl.
Tell me.
Tell me there's a heaven;
Tell me that it's true.

She also found inspiration from another Bruce Springsteen song called "Badlands" The chorus in Badlands was read as follows:

For the ones who had a notion,
A notion deep inside,
That it ain't no sin
To be glad you're alive.
I want to find one face
That ain't looking through me.
I'm going to find one place.

I want to spit in the face of these badlands.

Erin recounted how she played this song after she had finished typing her letter of confrontation to her father; this was when she was in her forties. After she finished typing the letter she felt exhausted as it was an emotionally draining experience. She put on a recording of Bruce Springsteen and *Badlands* was first song that played. When it started to play she experienced an emotional release through crying. She explained the impact that the chorus of the song had on her:

> When it came to that part—and I still have a struggle with it—"It ain't no sin to be glad you're alive"—because there are many days that being the bad girl and the bad whatever, that I don't deserve to live, I don't deserve the beautiful sky, the friends, the green grass, the playing the baseball, the camaraderie, the companionship, the friendship. It's taken me a long time to believe that I am worthy of life, worthwhile to be around, because I was helpless, hopeless, worthless, useless, just a piece of nothing. But Bruce Springsteen and Chris Rea helped me to believe, as well as my counselor and the legions of friends that I have that have stood by me and whatever.

Her letter of confrontation had explained to her father the impact that he had on her during her adult years and how his sexual molestation had transgressed the boundaries of a healthy father-daughter relationship. It no longer was a trusting relationship. With no reference point to make sense of this act she internalized it with resultant self-blame and anxiety. Her letter, years of counseling and the song *Badlands* culminated in this point of emotional release.

Women's Narratives and the Influence of Media

Women's narratives of child sexual abuse offer a glimpse in the lives of those who do live nominal lives in terms of their social class and professional accomplishments as none were famous or wealthy. They do not disguise the ordinary nature of their lives. None of the women even considered themselves heroic. This was exemplified as I asked Rolande if she considered herself as being heroic as she managed to piece her life together after having been a prostitute, abusing substances and being institutionalized for the attempted murder of her son. Her response was to reply that we could only measure our lives by the way we treat our children. She truly loved her granddaughter, son and daughter-in-law and did everything in her power to correct her former mistakes. Unlike the media images of Sheldon Kennedy women did not consider themselves heroic.

Yet they did stress the pain they felt in connection to the child sexual abuse. This was exemplified throughout as they discussed how they coped retrospectively and concurrently. Such strategies ranged from a host of mechanisms such as dissociation (i.e., depersonalization and dissociative identity disorders), suicide attempts, substance abuse, internalizing it and becoming depressed to being able to relinquish a sense of self-blame (i.e. Caroline does this as a young adult in the 70s without any counseling). This pain pervaded time as all women spoke of experiencing this. No matter what the societal ideologies were, the pain was present. For example, in the period of silence where the only references to child sexual abuse were found in obscure psychiatric publications and sexologists writings, to the blast it received from the second wave feminists and the current fragmented array of clinical and theoretical knowledge, there still exists the suffering. Even as societal infrastructures were built to deal with child sexual abuse the suffering still continued. Yet this is not to say that women were not able to heal, for many did so and it was only after the period of silence had dissipated in the late 70s that they did so.

Despite the pain they endured some rejected the stereotype of the pathetic and degraded victim. Caroline mentioned that she did not feel she was a typical victim, which meant she did not feel any sense of self-blame and did not fear what others thought of her. Valerie in a sense also rejected feeling as if she were a victim as she didn't feel "bad," or like she was "one," or a "statistic". She went on to state "I've known some people who have let it control their lives and still do, something that happened years and years and years ago. But I guess it's just not in my nature". Lenora resisted this classification as she stressed that she worked her way from being abnormal to normal.

The word "work" does capture what many women described as they narrated their lives, for many there were years of therapy, dealing with substance abuse, recurrent hospitalizations, the rejections following disclosures (mostly applies to the older cohort) or inappropriate responses following disclosures (applies to the younger cohorts' families). Women were able to gain some sense of understanding in the same way that one might take a course at school and learn to understand a subject like archeology. However, they used knowledge they gained about child sexual abuse and applied it to themselves. Many did this as they narrated what their lives had been like. For example, Erin talked about the promiscuity she experienced after she left home. She called herself a "bad girl" stating she did not know how many men she had slept with when she was in college. Later she learned that

> When a person is sexualized early they get the wrong message, and they're sexualized by the wrong person. Even if it isn't intercourse with that adult person, it's sexualization of that person, and it's with the wrong person, and it's at an early age. It should be with a boy your own age or whatever, but this is what happened…I thought that to gain favor with boys you had to have sex with them, and I think I did think that; I'm pretty sure I did. But it was because I was sexualized too early

This phenomenon was observed many times during the interviews with women. Another example was of Sabrina, the oldest woman among the eighteen women, who commented about her bodily response to her stepfathers' sexual abuse and her promiscuity. She felt guilty and blamed herself as her body responded to the touching and she later became promiscuous. Only some years later after she had done some reading would she understand the biological response to sexual abuse was separate from the feelings she had about her stepfather. As well she understood the promiscuity in reference to her early sexual experiences as at that time she thought this was the way one expressed love. The exceptions to this were two women, Caroline and Valerie, who did not have to work to regain a sense of psychological balance or relinquish self-blame or struggle with after effects of the sexual abuse.

Women's references to the media and the ways in which they described their lives did not correspond to the stereotypes of "living happily ever after" or of "pathetic and degraded" or of "heroic." To gain insight as to how women represented their lives as they narrated their life histories it is necessary to examine how they spoke about themselves, the types of phrases and ideas that corresponded or did not correspond to the ideologies that were present in their lives and what they spontaneously disclosed about media influences during their interviews. Conversely the lack of reference to media was also noted.

Women's Spontaneous References to Media in Narratives

Women spontaneously and directly referred to how therapists or other helping professionals influenced the way they viewed aspects of their child sexual abuse. For example, Angela referred to the first therapy group she attended when memories of being sexually abused surfaced. It was the facilitators of the group who helped her identify and accept her visual memories of being abused. She stated

> The facilitators of the group did because I would start talking about seeing these pictures in my mind, and I guess through that I learned or suspected that it was true, because it didn't stop at one. It's just like floodgates were opened. My last memory was about two months ago, so I've been getting memories for five years, and my psychiatrist said, "So you may be getting memory here and there for the rest of your life." He said, "There's no way of telling when they'll stop." He said, "The only thing that you can do is learn how to cope with it," and he teaches me coping skills. I know I'm a lot better at handling them now than when they first came. They're not very pleasant, but I have to remind myself, "This is just a memory. It's in the present moment. I'm an adult; I'm safe."

The impact of having support during the time she started to remember the sexual abuse appeared to be critical to Angela's acceptance of it. Even her psychiatrist has provided a way for Angela to frame what was happening to her. Years prior to the acceptance of child sexual abuse she may have been labeled by the psychiatric community as schizophrenic or manic depressive. As noted from previous chapters, Angela has Dissociative Identity Disorder and experienced horrific sexual abuse and acts of cruelty that are beyond comprehension.

Other women also made similar comments in their interviews. For example Erin made reference to how her counselor told her she was not to blame and how she was able to believe this for the first time. She referred to all the movies and programs she had seen and how she understood the victim was not to blame, but never was able to generalize this to her life until this point of revelation. As well she talked of the importance of being believed. To be believed by another person was an important part of her process. She stated:

> We wish we could stand on our own and say, "This happened to me, and you better believe it." But a lot of people are aghast or say, "Yes, right! I don't think so." But that's why we need validation, unfortunately, because being believed is a big thing. And even to this day in my counseling sessions, talking about being believed is important.

Similarly, Helen, Cynthia, Sache, Helene, Blue Sky Woman, and Wendy mentioned insights they had accumulated as a result of the therapy they received. Helen mentioned how one counselor helped her understand dissociation and assisted her to stay in the present. Cynthia made reference to her therapist's assistance in helping her accept the sexual abuse as it was easier to defer the experiences to her other personalities. Sache referred to her last counselor as being able to help her understand how she entered into a relationship with a physical and emotionally abusing man. The last year of counseling had brought her many other insights which she referred to in her narrative. Helene understood how she internalized her pain after her gang rape. Following her return to Canada she sought help and was able to understand how she prevented herself from feeling emotions. Blue Sky Woman had been able to understand how she formerly internalized her pain and how unhealthy it was to hold on to it. She also learned she was not dirty or a piece of garbage, but her family was sick and unable to accept the painful realities of abuse. Wendy learned through her therapy sessions how to release the pain she experienced and absorb the sexual abuse into her identity. These insights were referenced to the therapist or to the reading that they had done and were interwoven in their narratives. They were accounts of how they accepted and understood what was previously incomprehensible. Yet, this does not deny women's accounts of harmful and dehumanizing counseling experiences in their search for help as mentioned in previous chapters. Only when therapy was found to be helpful, then and only then did women refer to its teachings and how it had influenced their lives. The older cohort referred to therapeutic experiences when they well into their adult years. As was explained in previous chapters, therapy was not readily available to women until the 80s as there were few therapists available. As well feminists were the first group to draw attention to the numbers of adults who had experienced CSA and kept it a secret. For example, the work of Butler (1978), Rush (1980), Herman (1981) and Russell (1986) drew attention to the incidence of child sexual abuse and some of the dynamics associated with sexual abuse such as the perpetrators' gender, the use of coercion, social status, the widespread nature of sexual abuse and the consequences associated with sexual abuse. The infrastructures to support disclosures of child sexual abuse did not develop all at once and just were starting to occur in the 80s. Considering that the youngest woman of the older cohort was born in 1958, it is only natural that the older cohort's references to therapy were made later in their adult lives,.

As was mentioned in the previous chapter, the younger cohort's access to therapy and help occurred at a much younger age. For example, Blue Sky Woman and Jocelyn were able to access some therapy when they were hospitalized as youth following suicide attempts or in the case of Wendy when she was depressed. When Blanca ran away from her father at the age of sixteen she was able to receive help from Child Welfare. She made reference to a lady who was able to understand the sexual abuse she experienced. Even for those who did access therapy as adults, access occurred at an earlier age. For example Helene went to Alberta Mental Health when she was 22 years old. The exceptions were Dansani, who accessed help after she disclosed to her sister in 1992, and Barbara who talked about therapy in the context of more recent years. So references to therapeutic experiences were woven throughout these women's narratives.

As well several women from the younger cohort mentioned how they were able to view televised programs on CSA or be part of programs or courses as youth. For example, as a child Katherine mentioned how she knew of the existence of the child abuse hotline. She could not remember how she knew this, but she knew that there were avenues of help available. Another example was Jocelyn who remembered being in Grade 4 and hearing the school nurse or someone talk about how adults were not to touch your private parts and to be aware of strangers. She didn't talk to anyone at this point, but would later disclose to her mother as an adolescent. Valerie and Wendy were able to view television programs that referenced child sexual abuse in their youth. As well Wendy described reading *When Rabbit Howls* in her teenage years. Thus forms of media such as books, televised show, prevention programs that addressed child sexual abuse were available to women from the younger cohort.

Few Reference Points to Media

The older cohort's descriptions of their childhoods contained no references to child sexual abuse prevention programs, books or television shows. Thus there were no forms of public media that described their experiences of child sexual abuse. Gossip, references to what was understood to as being a good child or bad child, Biblical references and references to the incest taboo were the only ways that they could have accessed this subject. Even so it did not produce insight in the way of alleviating the sense that it was their fault or to help understand that they were not the only people to have experienced this. For example, Cynthia mentioned the first time she had any awareness of incest.

> I can remember very vaguely the first time that I heard of incest, and I think I was around fourteen. I was with a friend or a couple of friends, and someone said something about another girl, someone I hardly knew, and someone said that her father had sex with her or something. And I can remember being blatantly shocked by this knowledge. I was very [laughs]—it always seems like *such* a contradiction to say these things; it is—I was so innocent, because everything was dissociated. So I was just so naïve! All of that was dissociated from my awareness.

Helen remembered her mother warning her to stay away from a neighbor who had been arrested for molesting children. However, by the time Helen's mother had given her the warning she had been alone in his airplane, although she did not remember being sexually abused by him. On another occasion her mother warned her to not go through the ravine to get to the swimming pool. She stated:

> When we went swimming we would go down to the ravine and take the path down rather than the road, and every so often Mom would say, "I want you to take the road, not the path." "Why, Mom?" "Because there's a bad man in the ravine" And yes, there were, and I met them! And I was raped by them. But I didn't disobey my mom when she said to take the road, you see, so this obviously happened not when we didn't know there were bad guys down there.

As per previous chapters, Helen was raped by the men in the ravine when she was nine. Helen mentioned that she didn't watch the news on television as she spent all her time outside in the summer. However, she remembered her mother had a daily routine of having coffee with one or two of the neighbors. So this might have the source of her mother's information as to who she should be cautious of. What was so strange with respect to Helen's account of being warned by her mother was that Helen had disclosed as a five year old to her mother about her grandfather's touching her. Her mother responded by telling her not to talk about this and called her "bad and dirty." As a result of this she never disclosed to her mother after this. Nor would she even disclose to her siblings as an adult. Helen still struggles with the feeling that she is unworthy and states that she just recently has learned how to say "no" to others.

Around the age of fifteen Erin explained how she looked up what the term incest meant. She found that it was a universal taboo, but necessarily the same taboo in every culture. The impact of finding out that incest was taboo was insignificant as Erin felt "that it was her fault." In further discussion Erin remembered reading about Lot in the Old Testament. She stated:

> I stopped when I came to Lot. I said, No, I can't read this any more, because it was talking about Abraham having sex with his wife's handmaiden. I'm going, No, no, no! I don't need this. I'm sorry, it did happen in the Bible and whatever, but it doesn't mean that it's the thing to do. I just stopped reading it, and as I talked to my friend about it, and she said, "Yes, you know what? I really don't like the Old Testament….So I think I did label it and knew that it was incest, but still had the feeling that it was my fault.

From this she knew that her father's actions were wrong, but she still felt as if she had done something to provoke it and as result labeled herself as bad.

The language that women from the older cohort used to described themselves were derogatory terms such as bad, dirty, whore and evil. For example, Helen was told by her mother that she was bad and dirty, and as a consequence she wondered if this was true. At times when Helen started to think about the child sexual abuse she questioned if she was bad or evil since it happened so many times. Angela also thought about whether or not it was her fault. She stated, "I was told enough times by my father, "You asked for it. You deserved it. You're a whore. You're bad. You're evil." As a child the message that she was bad and deserved the abuse was repeated over and over again, so much that as a child Angela never questioned her parents' actions or intentions. Her words were, "I don't think I ever thought that they were bad and what they were doing was bad." Sabrina also mentioned how her father blamed her as she was being sexually abused by him. As a consequence of responding to the sexual abuse, she felt undeserving and needed to be punished by God. Rolande on the other hand was called a "slut" by her foster mother after she was found with her foster brother. Her foster mother went even further and told her she would never be anything else but a slut. Rolande remembered deciding to herself that she would in fact be one. She stated, "If I'm going to be a whore, I might as well be a good whore." This is exactly what Rolande did. Although Dansani did not call herself any specific label, she described being unable to accept any positive feedback about herself. She wondered if this was related to her mother's inability to understand her as a child and how her mother criticized her. Lenora described how her mother condemned her and told her she was going to hell. She felt hurt and as a result felt she had nothing to lose in her actions. Both Erin and Sache described feeling as if they were bad when they were children. Sache was repeatedly victimized and since she didn't see this happen to anyone else she thought she must have been bad. So in her mind these things happened because she deserved them. Sache still was working on this as an adult and was just beginning to connect with its origin through therapy.

Psychiatric ideologies during the 50s, 60s and early 70s still regarded children as being seductive and encouraging of sexual assaults especially if it was incest and if the child was repeatedly victimized. Women's internal evaluations of themselves as bad, dirty, evil, whores and undeserving did not just arise from their internal character or psychic flaws. For one thing some women were told this by their parents or abusers that they were to blame or were bad. As well, in this era, ideas about children and child rearing differed from current day ideologies.

Many women described that were expected to work and assist with farm work, chores and household tasks. For example, Helen described being asked to help her mother with bringing in frozen diapers off the clothes line when she was only five years old. Erin described having to assist with household chores such as washing dishes and picking rocks off the fields in the spring. Lenora also mentioned how she was very busy as young school aged child helping her mother with housework, farm work and with her younger siblings. Doctrines about how children were to behave were much stricter as in some homes children were to be seen and not heard. This was certainly the way Helen described her mother's treatment of her.

Many women described their mother's discomfort in talking about sex. For example, Helen described how her mother could not discuss biological changes that occur at puberty. She was handed a book and told to read it. Her mother did not even allow her to change a baby boy's diaper when she was school aged child. Similarly Erin described her mother as being very reserved and this was a topic that was not open to discussion.

More recent clinical and therapeutic knowledge on self-blame has postulated that this phenomenon is a result of children's developmental immaturity and dependency and the need to maintain a relationship with their parents or adults in their lives (Summit, 1983). Or alternatively it has been postulated as being related to poorer adjustment and a generalized pattern of blaming the self for negative events (Gold 1986; Morrow, 1991). Oddly, the younger cohort did not struggle as much with derogatory terms such as being bad or a whore. Blue Sky woman mentioned how she felt she was dirty and like garbage. Yet, as was described in her narrative she reported having been found in a garbage can when she was a preschooler. None of the other women reported their struggles to relinquish self-blame. Wendy referred to herself as "messed up," similarly Helene felt it messed up her identity and "mixed her up" for awhile and Katherine stated it "messed her up sexually." Jocelyn referred to herself as a "textbook" case meaning she used alcohol and street drugs, was promiscuous and had some difficulty with her sexual relationships. Her own label as a "textbook" was acquired from having viewed television shows such as Oprah. Jennifer expressed the idea that "it was not in her nature" to be affected by the childhood sexual abuse and also stated she didn't feel like a "statistic" or "like one." Her statements express the idea that reactions to trauma are dependent on inner strength and character. With physical trauma, the idea of personal fortitude does exist, but not nearly to the same extent that it does when one views psychic trauma. It is more acceptable to view the body as exhibiting limitations and norms for what is tolerated. There are physical facts that we know such as without water there is a certain period of time before dehydration and death ensues. Yet, when we think of child sexual abuse there is a tendency to underplay the fact that this can be very traumatic.

In summary, women's personal memories of child sexual abuse, such as being victimized, were interspersed with layers of ideologies that changed through time. Just as geologists can see layers of rock sediment as constituting different ecological periods, women's narratives could be viewed in this manner. Societal ideologies were interspersed in their narratives and finding the influence of changing ideologies and institutional infrastructures was much like comparing different layers of sediment and rock as to decipher what influenced their lives.

On a different layer, women had definite views of how different forms of media depicted child sexual abuse. Generally most women were more comfortable in critiquing media in a general sense, indicating the difficulty society has in accepting child sexual abuse despite changes to laws and infrastructures designed to acknowledge its presence and treat victims and perpetrators. Some women were able to engage in discussion about specific forms of media. It was found that a few forms of media represented women's experiences of child sexual abuse with some degree of accuracy and these were autobiographical books, and a select group of movies and fictional books. Women rejected stereotypes of heroic survivors and some rejected stereotypes of being pathetic and degraded.

Conclusion and Recommendations

Ideologies of immorality, class bias and rarity pervaded medical professionals' evaluations of child sexual abuse prior to the 70s of the twentieth century. Older women's life narratives and recollections from childhood reflected the ideology as many from the older cohort referred to themselves as bad, whores, and dirty. These ideas did not spontaneously arise from the experience of being sexually abused, but as women narrated their lives, they remembered being told this by their perpetrators or by their nonoffending parents (there were just a few nonoffending parents who were aware of the sexual abuse). For a few women, the idea of being bad was inferred from their repeated childhood trauma as it never seemed to happen to anyone else. The pain of internalizing these derogatory evaluations was reflected by many women as they struggled for decades to relinquish these self appraisals. However, these derogatory evaluations made as children or youths did not remain fixed as during the interviews older women were able to explain how they now understood that they were not to blame. For several decades both academics and clinicians have noted how women blamed themselves for child sexual abuse and the goal of therapy has been to help women relinquish self-blame (Jehu, Gazan & Klassen, 1988). In keeping with current therapeutic goals and knowledge, older women's self-understanding mirrored current knowledge. So women's conversations were very much layered with past experiences and their present day interpretations as gleaned from therapy, self-help books such *Courage to Heal* or television shows and docudramas on the subject.

With respect to younger women's references to themselves, less self denigrations and self censured statements were made. Younger women were savvy with respect to who was to blame for their sexual assaults and the repercussions of sexual abuse. Generally they spent less time dealing with the effects of the abuse and had earlier access to treatment.

As was explained in the chapter on methodology of oral history, memories are constructed as the mind does not simply record events like a camera, but memory is composed of an interplay between public ideologies or public memory and private memories (Popular Memory Group, 1998). This is what was observed in women as they narrated their lives, as women from the older cohort described child sexual abuse and the self-denigration they incorporated into their identities, whereas the younger cohort did not refer to this aspect with the same veracity. Knowing that memory is constructed in no way invalidates that women were sexually abused or that their recollections of child sexual abuse were fabricated or issues of False Memory Syndrome (Finkelhor, 1994; Harvey, 1999; Loftus, 1993; van der Kolk, 1996; Williams & Banyard, 1997). Many women spoke of living with substance abuse, suicidal ideation and attempts, pain and interpersonal havoc even prior to therapy and many talked of how their siblings were abused by the same perpetrator. A few women even had abusers who acknowledged their abuse through letters of retribution, electronic mail and phone calls.

When asked to reflect on how they viewed the subject of child sexual abuse in their youths or as young adults, many women from the older cohort were not able to comment on this. Erin commented that she was aware of the concept of incest and knew that this is what she experienced, but there was nothing that would have told her that this was not her fault. She knew of incest from the Bible and the literature on the incest taboo which talked of cultural mores that forbid sexual relations between certain groups of relatives and allowed it in a select group of relatives all of which differed from each culture. There was simply no reference point to indicate this was not the child's fault. Seemingly the lack of reference to child sexual abuse did cause pain as many women did not acknowledge what had happened to themselves until well after feminists of the 70s started to raise public awareness of the subject. At this point in history few therapists were trained to treat individuals who were sexually abused as children and even so many therapists still relied on psychoanalytic theory which postulated that children could fantasize incest (Rosenfeld, Nadelson & Krieger, 1979). Feminists were able to challenge the myths that this was not a rare occurrence, that it did not only happen in poverty, chaotic families or in the backwoods, that it was not the child who seduced the adult, that it has been a historic phenomenon, is the result of gendered relations where the primary perpetrators are males, and perpetrators are usually known. They gave women the courage to step forward and speak what was previously unspeakable. It was the women who spoke out in the 70s who paved the way for other women to come forward (Armstrong, 1994; Butler, 1978; Rush, 1980).

Alistair Thomson commented in his work with Anzac WWI veterans how ideas or ideologies or public memories are used to compose memories. The process of constructing memories is affected by public representations as these are used in making sense of private memories or experiences. Traumatic or painful memories may be repressed if they have not been resolved or if the experience does not fit with one's identity. Notably he discerned how societal references and portrayals of war veterans impacted their lives. War veterans were stereotyped as heroes or drinking womanizers. For those war veterans who did not identify with either of these roles the lack of reference to their experience was painful. In particular, the role of the war veteran as a victim was not acknowledged until the Vietnam War in the 60s (Thomson, 1998). Older women sexualized as children experienced an alienation as what they experienced was not represented by society until the end of the 70s. Many simply kept their experiences a secret from others and used unhealthy ways to cope with the pain they were experiencing. Prior to the 70s those who were sexualized in their youth were portrayed as prostitutes or as willing. None of the women described themselves as wanting to be sexualized. In fact many talked of how they tried to resist, protect themselves or just live through it. Two of the eighteen women turned to prostitution. Rolande turned to prostitution, but as she explained she was called this and internalized it. Helene also turned to prostitution after she experienced a gang rape by bikers. She explained that she "flipped out" after the rape, "internalized" the rape as she thought it was her fault, and was without boundaries when her friend talked her into going to the USA to work as a prostitute. Some women did in fact describe periods of promiscuity during their adolescence and young adult years but most were able to recognize this was related to adult imposed sexual experiences. Yet, this was not the case for all women as all did not become promiscuous. Regardless, 8 out of the 9 women from the older cohort talked of the pain they carried with them and were not able to address the pain until they could talk about the childhood trauma. Therefore early public representations of children as wanton and willing were not at all how women experienced being sexualized at early ages.

Interestingly women born in the 60s and 70s did not engage in self denigration, although it was not entirely absent, but it was a constant theme as it was to most women from the older cohort. Mostly women from the younger cohort characterized themselves as being messed up by the experience in the sense that they were trying to deal with the pain and confusion that accompanied being sexualized at an early age. Some attributed the behaviors they displayed in their youth to the symptoms that were known on television or to the seemingly common knowledge that it was associated with promiscuity, substance abuse and difficulties with intimate relationships.

Painful memories of being victimized by family members and acquaintances in the context of relationships were evoked by women. This pain was evident through emotional responses such as crying and facial expressions of pain as they told about their lives. Therefore it was important to understand how the mind deals with trauma as women's lives represented a narrative of trying to weave pain back into explicit memory. Some had accomplished this feat. For example, Erin, Rolande, Katherine, Wendy and Jocelyn talked of the pain of their pasts and placed the abuse in a context of motives surrounding their abusers, their responses and how they worked to deal with it. It was as if they were speaking about the way they lived through an ordeal. For some women I sensed that they evoked their experiences as they lived them. For example, as Lenora narrated her life, she spoke of her process. She stated she was consciously accessing her past as she experienced it as a child. I saw the pain of the experience on her body, facial expression and in her voice. For other women, they gave me a summary statement of their past and asked that I expand on areas. For these women I worked very hard to go to aspects that were safe to reveal. Yet, for some women they talked about their experiences without emotion and this is a form of dissociation. This was an issue for Angela and Cynthia as they both were working on integrating these experiences in therapy. They explained this to me as they talked about themselves and I witnessed an absence of emotion. The absence of emotion testifies to the pain that was there, as evident through the turbulence they experienced in their lives and the masking of this pain from their consciousness.

Overwhelming, I was aware of how some women, such as Angela, Helen and Cynthia, struggled to accept their memories as a reality as their narratives spoke the unspeakable and this was more common among the older cohort. For others this was not such as issue, but it was a narrative of taking courage and asserting their rights for justice. This was seen in younger women's narratives as they sought to demand that their abusers not be in their lives, or to have family take appropriate actions to protect them. For example, Wendy told her mother that she would not live at home if her older sister was going to be at home and she would not go to visit her step-brother. As well, Blanca asked her siblings to support her as she prosecuted her father for abusing her daughter and herself. Their narratives stressed different issues than did older women's narratives.

For some women, their traumas could be classified as extraordinary stresses that were life threatening. For example, Cynthia, Angela, Rolande, Helen, Helene, Blue Sky Woman recounted experiences where they feared for their lives. Yet there were other women who did not fear for their lives, but never-the-less their experiences were traumatic. For example, Dansani experienced recurrent intrusive memories and nightmares of being sexually abused as a child. She had no control over the memories and experienced these memories on a daily basis. Similarly both Helen and Sabrina explained how they continued to experience flashbacks of the abuse. The trauma certainly impacted their lives in many different ways and some women were able to work through the trauma. However, some women spoke of currently not being affected by the childhood sexual abuse and this was the case for Valerie and Caroline.

While it is possible to compare survivors of child sexual abuse to other survivors of catastrophic and horrific events of terror, there is one difference between child sexual abuse survivors and other survivors. This is the issue that child sexual abuse is a crime that is not witnessed and is carefully hidden by perpetrators as to avoid detection. Whereas, for other types of crimes or horrific events such as being in a war or political prisoner, individuals experiencing these traumas are usually in groups. For example, war veterans are engaged in what is a state sanctioned activity and ordered to engage in combat for political reasons.

Their activities are not usually committed in secrecy. The perpetrators of child sexual abuse usually vehemently deny their crime and therapeutically this is a difficult aspect of child sexual abuse. Since there is strong denial and the crime is conducted in secrecy it is difficult to accept child sexual abuse. The difficulty in accepting child sexual abuse was reflected in Chapter 6 as women vocalized their perceptions that child sexual abuse is still swept under the carpet and that the pain associated with child sexual abuse is minimized.

Another difference between child sexual abuse and other events that exert extraordinary stress on individuals is the developmental status of victims. Child sexual abuse may disrupt children's development. Children require nurturance, sensitivity, consistency and guidance in order to mature and become citizens that are able to contribute and pass this nurturance back to society (van Manen, 1993). Most women from both cohorts reported being affected negatively by child sexual abuse. In fact, many struggled to become the type of people who could contribute back to society. In other events or situations of extraordinary stress, such as war or political imprisonment, the individuals are usually adults. Adults possess developmental maturity and internal resources, so coping with horrific events may be different from how children would experience such events, although this is not meant to minimize what is still very traumatic.

Despite the dissimilarities between war veterans and other groups who experience extraordinary stress, one group maybe analogous to those who experience child sexual abuse and this group are political prisoners who were tortured. Such prisoners are kept physically isolated from other prisoners and their surroundings through solitary confinement and the wearing of hoods or eye bandages. Often they are subjected to lengthy and painful questioning. They may be stripped of clothing, beaten and electrocuted with the intention of obtaining a confession. The aim is to break the person's will and psyche through degradation, dependence and punishment. Torture often consists of eroding the person's sexual identity (Barudy, 1989). The act of torture which is done in secrecy or isolation from others parallels how child sexual abuse is committed.

For all survivors of catastrophic events an ideology surrounds the activity. For example, child sexual abuse was viewed as rare and was referred to as seductions prior to the 70s. Now it is viewed as a crime affecting all SES groups. Some groups such as medical professionals may view it as being associated with permanent pathology (Katerndahl, Burge & Kellogg, 2005; Wells, 1990). Some feminists have viewed it as a gendered crime as perpetrators are mainly male and view the process of dealing with it as a stage model (Bass & Davis, 1988; Herman, 1981; Lebowitz, Harvey & Herman, 1993). Despite the acknowledgment of it as an occurrence, the debate as to its validity and its effect on individuals, child sexual abuse seems to exist in a schism in our society (Armstrong 1996). The schism is the way the justice system handles reported cases, the need for validation in order to be believed and the way in which it is still swept under the carpet. For example, Blanca and Blue Sky Woman talked about their experiences with the legal system where the need for validation and reporting were noted. This is also evident in the way the media has currently portrayed child sexual abuse as a crime that is committed by trusted professionals so society is no longer endorsing the stereotype that it happens with the stranger. However, the reality of its occurrence within the sanctity of the family and of its aftermath is downplayed.

Interestingly not one woman beyond the birth date of 1945 came forward. I advertised in many areas that would have accessed women who were born in decades of the early 20s, 30s and 40s. For example, I contacted the Society for Retired and Semi-Retired, The Lions Senior Center and a Shelter for abused seniors. Not one phone call was received. The silence of these women signifies a rupture as it is quite likely that there were women who experienced incest or child sexual abuse from these decades. This is inferred from Kinsey's studies of human sexuality whereby 20% of American women from these earlier decades disclosed through interviews sexual contact through exhibitionism, fondling, oral genital contact or coitus (Institute for Sex Research, 1953). Passerini (1998), an oral historian noted the importance of considering irrelevant, inconsistencies, or silence as some function that the historian has not considered. In her interviews of people who lived through the Italian fascist régime she noted several responses; some individuals were silent, others responded with irrelevant answers, while others ignored the régime referring to their daily activities during this time. Possibility the lack of representation from earlier decades signifies to the taboo nature of this subject. It may have been an unspeakable subject for these women and by speaking what was kept as private would have been unacceptable given that women born in the 20s, 30s and 40s lived with different mores. Helen, Erin, Cynthia and Lenora mentioned how their mothers regarded sexuality. Sex was not a topic that was discussed; their mothers were demure in their behavior and reacted with negative sanctions towards children's disclosures, masturbation or premarital sex.

In reviewing what was covered in the preceding chapters it is evident that women were often victimized as preschoolers at very young ages and in the case of Cynthia as an infant. At these early ages women were defenseless. Only one person mentioned the stranger as an abuser and this occurred to Cynthia when she was two years old and was playing outside. All the rest of the abusers were known to the women and most were male. Many were repeatedly victimized so that this was not just one occurrence, but done to them by many adults over and over again. Resistance to their victimization was evident as some women described how they fought their perpetrators (i.e. Sabrina, Helen and Cynthia) or they were physically restrained or threatened as they were abused (i.e., Angela, Cynthia, Rolande, Blue Sky Woman and Helene).

Some feminists believed that by speaking out and naming the abuse publicly one would be free of the pain and anguish from the abuse (Armstrong, 1994). This idea was also expressed by the media who interviewed Sheldon Kennedy when he publicly disclosed the sexual abuse he experienced from his hockey coach. The media wanted to show how healing it was to confront the abuser. Yet, this was not what Kennedy (2005) described in his book nor what all women described. Disclosure by itself did not resolve the abuse. For most of the younger cohort there was greater belief and acceptance among family members as they disclosed, but even so these women's families often failed to deal with the abuse in appropriate ways as to ensure that the abuse would end. For example, Wendy's mother did not ask her older sister (who was one of Wendy's perpetrators) to leave nor did her mother provide any type of boundary between Wendy and her older sister. Even after their families believed them the younger cohort continued to struggle to cope with this trauma. For example, both Wendy and Jocelyn described how they struggled with substance abuse following their disclosures. As well some women from the older cohort did try to tell as children, however disbelief or blame was a frequent reaction from parents and some described horrific losses, stigma, and rejection upon disclosure. Even as adults the older cohort's disclosures to parents resulted in disbelief. Notably among all women there was no magic resolution following disclosure. Instead years of having to work through the anguish of the abuse were described by many women.

As well some feminists such as Bass and Davis (1988) believed that confrontation with their abusers may have positive benefits for women as they have the opportunity to speak out about something that was a secret. Several women such as Angela, Sabrina, Caroline, Erin, Blanca, Blue Sky Woman, Wendy, Katherine and Jocelyn reported their abuse to the police or directly confronted their abusers. Varying outcomes were told by women. For example, with respect to Erin's letter of confrontation to her father she was shunned from family events for several years. The shunning was from her mother and father. Her sisters had acknowledged among themselves that they were also abused by their father; however, Erin's letter was a direct confrontation of what was not spoken openly. None of Erin's siblings vouched for her or spoke of this matter with their parents. For Blanca, her siblings acknowledged privately that she had been sexually abused by her father and abhorred this, but when she took her father to court for the sexual abuse of herself and her child, her family asked her to withdraw the charges as they felt he needed help. Blue Sky Woman's disclosures to her father were emotional and traumatic as she was denigrated and disbelieved. When she filed a complaint to the police, after a couple of years the case was closed as no one who would corroborate her abuse. Her complaint was only part of her healing as she disengaged herself from her family and was involved in therapy. Wendy disclosed to her mother in her early teens and nothing was done. She felt let down and it was after years of therapy that she was able to deal with the pain of the abuse. Similarly Jocelyn reported her abuse, but didn't want to prosecute. Her reporting did not result in healing as she went through some turbulent times following her disclosure. For Katherine, she worked to understand herself, and change unhealthy behavior and thinking patterns. Her confrontation occurred at a time when she was still working through the abuse and it was her abuser who first contacted her. So for each woman the circumstances surrounding confrontation varied and this act did not instantaneously resolve the trauma. Many women of the older cohort have not confronted their perpetrators. For example, Helen never disclosed to her siblings nor did she confront the perpetrators; some are now deceased. Sache has not confronted her uncles or her father, although she disclosed to her uncle's fiancé and to her mother.

Families' reactions to disclosures of sexual abuse in many ways mirrored how society as a whole dealt with child sexual abuse. Prior to the 70s societal denial was the norm and if child seductions were detected child culpability was assumed. However, societal recognition grew through the 70s, 80s and 90s. There were changes to the Canadian Criminal Code and the development of an infrastructure that would detect and treat victims of child sexual abuse. Ideologies no longer held children as responsible and knowledge in the area of adjustment examined the impact that child sexual abuse had on children's development. However, society still does not fully understand or accept child sexual abuse as caveats still exist. These were mentioned by women as encounters with a legal system that hardly responded with total support of adult victims and as attitudes of not wanting to hear of the abuse. Thus it could be said that ambivalence characterizes our society's attitude towards child sexual abuse. Younger women's families' reactions to their disclosures varied, but at least most of their families were able to believe them even if they were not able to act appropriately once they found out.

For some there has been no resolution and thus the stage model as proposed by Lebowitz, Harvey and Herman (1993) does not apply. They are still deeply affected by the pain and struggle with it on a day to day basis. This was the case for Helen as she told of how she still catches herself loosing track of time, and when she becomes conscious of what time it is, she will note that hours have passed by. This was not meant in the sense that she becomes so engrossed in a task or in an interesting activity, but that she has been dissociated for that time. Or she described how she sleeps during the day and night as to cope with the pain. Yet, this is not to say that she will forever cope in this manner.

On the other hand there were women, like Lenora, Rolande, Erin, Wendy, Barbara, Blue Sky Woman, Katherine and Jocelyn who were able to overcome addictions or grow to understand and change behavior and thinking patterns associated with earlier and unhealthy ways of coping with the abuse. Their lives underline the point that it is necessary for clinicians or helping professionals and academics to inject life trajectories into therapeutic models, clinical literature and textbooks showing that it is possible to cope in healthier ways and be functional members of society even when it may seem overwhelming for both the helper and person seeking help. But as indicated when women discussed media it is important for people to understand how painful these experiences were and the seriousness of its aftermath. The heroic survivor is not how women viewed themselves nor did they agree with being viewed as pathetic and degraded.

Implications for Nursing

With respect to contact with helping professionals groups such as nursing, therapists and psychiatrists, women talked of both negative and positive experiences. One woman encountered disrespect and stigma from some nurses within the confines of being hospitalized on a psychiatric unit while another woman reported feeling traumatized by the way she was treated in an emergency department. Another woman reported that her problems were minimized when she was told to read a self-help book and offered only three counseling sessions. On the other hand, positive experiences were also reported as women talked of how their therapists were able to help them connect to their abuse and assist them to find alternative coping methods. The implications of the negative ways women were treated calls for serious consideration of how nursing approaches, discusses and proposes to therapeutically assist the person who has experienced childhood sexual abuse. This requires not just a curriculum change as to inject the subject into an already very full curriculum, but challenges nurses to root out the bias and stigma that still challenges front line nurses and clinical nurse educators. Positive role modeling, the incorporation of trauma and feminist frameworks as ways to frame child sexual abuse and the injection of lived experiences that portray the diversity of responses and possibilities of resolution are also required.

More specifically there is a need to teach both future and current psychiatric nurses how to ask questions about sexual abuse and to increase their comfort in talking about this subject. Increasing their confidence is a key task as psychiatric nurses have in the past been unsure of their role as therapeutic interventionists. Recall that Angela described how she felt dehumanized by some psychiatric nurses when she was hospitalized. Her experience reflects the need to teach psychiatric nurses the importance of the helping relationship and how healing is a realistic goal for adults who experienced child sexual abuse. Both clinical nurse educators and nursing instructors have the potential to be leaders and mentors in this area as clinical psychiatry is often a place where the focus is on assessing and treating symptoms based on a medical model. The challenge is then to blaze a trail through this.

Women's narratives of child sexual abuse also remind us that our understanding of child sexual abuse is tied to our current ideologies and these are subject to change. For example ideologies at the beginning of the twentieth century viewed CSA as a rarity; children were culpable and sexually precocious. By the end of twentieth century CSA was found among 20% of grown adult women and children were viewed as vulnerable and not accountable for the sexual abuse. While it is not difficult to view past medical and psychological ideologies (which constitute public memories) as foreign to our current belief systems, it is harder for those of us working in health care fields to remind ourselves that what we currently read and research is very much ideologically based and will likely in the future be revised.

Media (as in televised shows, movies, news exposes and books) affected how women narrated and explained what they had experienced. Thus it could be said that women's narrations of child sexual abuse did represent a composite of personal experiences (their private memories) and interwoven public forms of memories. On a practical side, media presentations such as child abuse prevention programs and other depictions of child sexual abuse through television movies and advertisements provided an avenue of recognition for some of the women in this project. There certainly is a need to continue to depict child sexual abuse as it still continues to occur to children and will likely in the future. The need to depict varied representations of child sexual abuse and not just the ones that reflect the professional who mislead and abuses children.

With respect to child sexual abuse prevention programs that have been directed towards children, the aims of such programs are to teach children that they have the right to be respected and not be sexualized. However critics suggest that they are inappropriate as the responsibility for stopping abuse is directed towards children. Another weakness of such programs is that they do not reach potential perpetrators as this would be both difficult and unethical. Despite the caveats these programs may have had some effect on children and adolescents personal recognition of sexual abuse as at least two women from the younger cohort were able to recognize avenues of assistance as a result of programming campaigns. Nursing certainly has a role to play in prevention programming through public health and school nurses.

As well there is a call to understand how gendered inequities are played out in families where most of the women's abuse occurred and in institutions where women turned for help. For example, recall Sache's narrative of being sexually abused as an adolescent by her uncles. She was overseas and disclosed to her uncle's fiancée which resulted in being moved to a different uncles' home where she was also sexually abused. Another example was when Barbara was sexually abused by both her foster father and brother and even after disclosing to the social worker she stated, "Nothing was ever done about that." Nurses have a role in bringing this understanding into their interactions with women and children who are sexually abused as to provide effective therapeutic interventions.

Class and race appeared to impact how women were treated as they turned for help or sought justice. For example, recall how Dansani was treated for an overdose when she went to an emergency room. Her status as a First Nations' individual may have impacted nurses' and physicians' failure to hear her protests that she didn't take anything. As well, when Blue Sky Woman (who is also of First Nations origin and poor) went to the police with the intention of charging her uncles for child sexual abuse, the police were not able to proceed with her case as her father, uncles, and cousins would not corroborate her statements. Compare Jocelyn's narrative of institutional involvement to Blue Sky Woman's or Dansani's narratives and very different outcomes are noted. Jocelyn's family could be characterized as Caucasian, middle class and urban. Jocelyn's mother was able to access a lawyer who then notified the perpetrator informing him of his crime even though charges were not laid. As well when she was hospitalized for an overdose she received short term counseling that appeared to be sensitive to her needs. As the above examples demonstrate class and racial orientations may serve to limit sources or avenues for help and the potential for changing patterns of behavior and belief systems. As health care professionals, nurses may be the first people who sexually abused children or women reach out to for help. Our responses need to be thoughtful and empathetic as opposed to unconscious or stereotypical. In order to act without prejudice and with humanity covert stereotypes that have been part of our public representations of socioeconomic and racial groups need to be teased out.

The use of a feminist model as a way of intervening in the care of both children and women who experienced CSA is useful to nurses. The assumptions of such a model are that all human experience is gendered and within the confines of a socially constructed structural gender hierarchy (Personal Narratives Group, 1989). Class, disability, race, ethnicity, and sexual orientation interact with gender to create shifting bases of oppressive experience. Power is a central concept to feminists and is seen as knowledge that is attached to professional organizations, institutions, and social relationships (Scott, 1990). As well, it is also seen as the system of relationships that individuals are immersed in. The advantage of using this model is that it draws attention to a multitude of factors that oppressively impact children and women who have experienced CSA. Women who experienced CSA may find that both familial relationships and academic discourse on CSA have been oppressive. For example, Helen found discourse connected to Borderline Personality Disorder oppressive in the sense that it typified her as someone who was beyond therapeutic help. Her experiences within her family demonstrated gendered inequalities. Recall her mother's response to her disclosure was to tell her that she was dirty and bad. As a child she assumed household duties while her brothers did none of these tasks. A feminist orientation also opens up the notion that there is not just one representation of child sexual abuse. The portrayal of typical cases of women who were sexually abused is questioned as the diversity of experience is acknowledged. Understanding these assumptions of how gender interacts with women's narratives of sexual abuse provides nurses with way of interacting with women who have experienced CSA in ways that seeks to acknowledge and address power inequities.

Future Research

One area for further investigation is to extend this research to women who were born prior to 1945 as was originally intended in the proposal. Such an endeavor would involve extending the theoretical boundaries of investigation to an examination of childhood and early adolescence relationships, in particular women's sexual relationships. As well, extending this oral history project to men who were sexually victimized would be very interesting. An annex of this work would be to contact autobiographical writers to elicit their views of how media has represented their experience of child sexual abuse. This aspect of the research was forfeited due to the expense of traveling and time restrictions.

Outgrowths of this research would be to examine more specific forms of media, such as prevention programs, televised movies, or docudramas as to see how single exposures influence personal ideologies. Beyond the domain of investigation and oral history lies is a very important outgrowth and that is to become an advocate of media representations of child sexual abuse and the promotion of varied depictions.

Personal Reflections

As I read my first journal entry dating back to August 11, 2003, it is obvious that this project has altered by own worldviews. As I began this project I believed that adults who had experienced child sexual abuse were pathologized as helping professionals and academics' publications are orientated to demonstrating the degree of harm and psychopathology that is associated with having experienced child sexual abuse. I was very aware that this was my viewpoint. As well, my original entry in my journal and field notes voiced my concern that I would encounter women who believed they were damaged by the experience of child sexual abuse. However, as I began to interview women I became aware of how women repeatedly told about the anguish they experienced. I listened to their comments with interest as many successfully overcame their addictions and other unhealthy coping methods; and many were no longer depressed or suicidal. Their expressions of anguish did not simply mirror a medical disease model where psychological difficulties or psychiatric illnesses are stressed. Most women believed psychiatric diagnoses were simply labels and did not represent themselves. As well they did not believe they were psychologically damaged, but prefaced their unhealthy ways of coping and other forms as anguish in ways that demonstrated how they once were. Only one woman identified with her psychiatric disorder and this was Cynthia who stated that the diagnosis helped explain her day to day functioning. My own beliefs were altered to view their anguish and pain in a way that extends beyond the confines of medical diagnoses and psychological symptoms.

As anguish and suffering are universal experiences, my worldview has not only affected how I view women who experienced child sexual abuse, but of course this has generalized to the way I view my own and the suffering of others. In other words women's expressions of anguish triggered a process of reflection and of inner psychic work of my own. Ironically throughout the process of interviewing women a sense of friendship pervaded and interviews were not all solemn, but some were lively and humorous.

Countertransference, which refers to the interviewer's emotional and cognitive reactions to women who participated in the interviews, was monitored during the interviews. One reaction was the horror I felt as I listened to the cruelty that some women endured. This reaction was communicated to women in the way that I was unable to utter anything but "How horrible" or "Oh." In reflecting back over the study there was no way that I could have anticipated what women were going to tell me. I thought that I had pretty much heard it all as I had interviewed women who experienced child sexual abuse for my master's thesis, but I was wrong. Even if I had read Elly Dancia and Truddi Chase's autobiographies prior to the interviews, I still would not have been prepared as there is a sense of being distanced as you are reading text as you are not communicating face to face with someone who lived through these horrors. Reading also allows one to digest the horrors, if there is such a thing, at a safe distance, but when face to face with the person there is no more distance as the reality hits one in the face. I was able to grow from this process and acknowledge the impact that child sexual abuse has on the psyche and to honor women's pain in a manner like Reynolds' described Jael finding truth in her flaws.

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APPENDIX A

Advertisement used in the Edmonton Examiner

A STUDY ON CHILDHOOD SEXUAL ABUSE AT THE UNIVERSITY OF ALBERTA

The focus is to listen to women aged 35 years and older describe their life histories, accounts of child sexual abuse, and perceptions of how society viewed child sexual abuse. If you were sexually abused as a child and are interested in participating in this research please call Ann at:

915-8615 (private cell number).

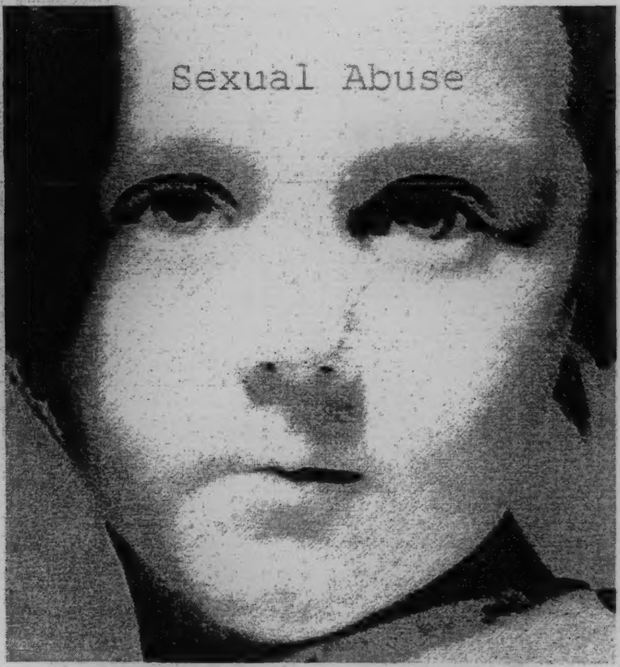
All calls are confidential.

APPENDIX B

Poster

A study of childhood sexual abuse

is being conducted through the University of Alberta.



The focus is to listen to women describe their experiences and views on childhood sexual abuse.

Please call Ann at 915-8691
if you're interested in participating.

(All info is kept confidential.)

APPENDIX C

Letter to Authors of Autobiographies

Dear ______ ______:

I am writing as to introduce myself and to solicit your participation in this historical work. The title of my project is: Historical Images of Child Sexual Abuse. I have read your published autobiography and thus know of your trauma. The project is outlined on the following pages.

After reading through this proposal I ask that you send your reply through the mail with the self addressed and stamped envelope. If you agree to participate in this research, would you kindly provide your telephone number or email address as a means of contact for further discussion and where and when interviews will be conducted.

Sincerely,

Ann Ranson Ratusz

Historical Images of Childhood Sexual Abuse

Child sexual abuse is now recognized as a health and social concern of major consequence in Canada and worldwide. International surveys suggest that approximately 20% of women experience CSA (Finkelhor, 1994). My focus of inquiry centers upon the time period of 1920 to 1970, when silence surrounded childhood sexual abuse (CSA). I am interested in comparing and contrasting the historical images and stereotypes of women who experienced childhood sexual abuse, as portrayed through historical film, fiction, and psychiatric literature, to women's own evolving memories, perceptions, and life identities as they moved through their lives by means of oral history.

Within the last twenty years academics and health professionals have attached clinical importance to CSA, associating development of psychological symptoms and psychiatric disorders to it (Everett & Gallop, 2001). The clinical focus on symptoms originates from a worldview emphasizing biological determinants. Proponents of this worldview have documentedthe traumatic effects associated with CSA, reversing psychiatrists and physicians' thinking of the early and middle part of the twentieth century that CSA was not traumatic or common (Bender & Blau, 1937; Kempe, 1978). This reversal in thinking began in the latter part of the seventies as a reaction to feminist critiques and growing awareness of CSA as a common form of child abuse (Kempe, 1978). Since then, CSA has become an important medical issue; feminists have critiqued this appropriation of CSA as detrimental to women because it focuses on clinical management and entrenches the power of the medical community (Armstrong, 1997). More importantly, it ignores how CSA is imbedded in the dynamics of male power, defining a medical syndrome in isolation from the wider social context, gender differentials in power, and the history of concern about CSA.

Duringthe nineteenth century social activists identified CSA as a social problem. Various groups lobbied for laws prohibiting sexual cruelty towards children and for services. However differing views existed as to the origin of CSA. Members of the British parliamentary and legal systems viewed it as a problem connected with poverty and the employment of children. Alternatively, feminists viewed it as a crime linked to men's abuse of power. Early in the twentieth century CSA was redefined as a rare phenomenon. Historians concerned with CSA have concentrated on this period, exploring issues such as the medicalisation of CSA, tying it to growing professionalism, the rise of sexology, and the development of psychoanalytic theory. Academics have also undertaken institutional analyses of CSA and tied the ebbs and flows of interest in CSA to the development and eventual decline of feminist movements. Theoretical approaches have included critical theory, poststructuralism and psychoanalytic theory. By far the most critical are historians using feminist theory, largely documenting society's failure to adequately deal with CSA (Clark, 1987; Gordon, 1988; Jeffreys, 1985; Maason, 1984; Rush, 1980; van der Heijden, 2000).

From roughly 1920 to 1970, representations of women who experienced CSA in the medical literature emphasize victim culpability and delinquency. This took place within a discourse of class discrimination that associated CSA with social isolation and economic disadvantage, denying its existence among the middle classes and wealthy (Sloane & Karpinski, 1942). Feminists challenged these models in the 1970s, and public awareness has grown dramatically since that time, even as CSA medicalised.

In my project, I will explore how women who experienced CSA reacted to the competing representations of CSA and used medical models, feminist critiques, and images reproduced in popular culture to reflect on and engage with their memories of abuse. What was it like for women if their identities endorsed the image of delinquency? What similarities exist between various representations and women's images of CSA? Contending interpretations emphasized male violence as uncontrollable and biologically derived, whereas feminist explanations linked sexuality and violence to learned behaviors and as largely controllable (Jeffreys, 1985).

This approach to the proposed research follows Alistair Thomson's (1998) review of Australian First World War veterans and the work of the Popular Memory Group (1982). Thomson focused on how we compose memories to "make sense of the past and present" (p.300). Memories of experiences are remade or repressed "because they do not easily accord with our present identity or because their inherent traumas have never been resolved" (p.301). The private process of composing memories uses "public language and meanings of our culture" (p.300), and is quite public. Memories are painful if they don't conform to public cultural norms. Composure acts to help us feel comfortable with our lives and to ensure that memories are publicly acceptable (1998). Considering the very violent and traumatic nature of war, the use of Thomson's approach is relevant to CSA as it may be very traumatic and as a result be repressed from consciousness or dissociated (Everett & Gallop, 2001).

Oral history is conceptualized as a complex cultural product that involves interactions between individuals' own private memories and the public representations created through media and central institutions such as government. It recognizes how "...private memory can't readily be unscrambled from the effect of dominant historical discourse" (Popular Memory Group, 1982, p. 211). Nor can oral history be devoid of subjectivity for it includes individuals' "memories, ideologies, and subconscious desires" (Passerini, 1998, p. 54).

At least 10-12 women over the age of 50 who have experienced CSA will be recruited and interviewed. The interviewing process is envisioned as conversational, unstructured, and democratic. Particular attention will be paid to the establishment of rapport and dealing sensitively to disclosures of CSA. The interviewer will be prepared to physically assist women with obtaining psychological support should this be required. Women will not be coerced to disclose personal information and will have the right to withdraw from the study at any point. Transcripts will be reviewed with the study participants for editing, omissions, and inclusions. Two ethical dilemmas need to be considered when using oral history with women who experienced CSA. Normally historians using oral history reveal the identity of their participants. However, women who have experienced CSA are subject to stigma and therefore women's identities will be protected. Another ethical dilemma is connected to historians' practice of corroborating the details and facts associated with historical events. In the case of CSA subsequent corroboration may put women at risk for psychological trauma as denial from family member may be encountered (Palmer, Brown, Rae-Grant & Loughlin, 1999).

The first interview will focus on asking women to describe their lives and experiences of CSA as to provide a chronological account. In the second interview they will be asked to: (1) expand upon sections of their narratives and reflect on their meaning, and (2) reflect on the way in which stereotypes from fictional accounts, film, other media, and/or public institutions, conform or differ from their own identities; examples include, "The China Syndrome" and Shelley's "Mathilda". Data analysis will consist of examining women's chronological accounts for narratives and isolating larger patterns and meanings as suggested by Creswell (1998, p.147). As the narratives are constructed and written, academic analysis will highlight the factors that influenced their lives. Theoretical perspectives that relate to their narratives, meanings, and identities will be identified and discussed. Data analysis will also consist of examining the degree that identified stereotypes conformed to or differed from women's perceptions and accounts. This entails knowledge of how CSA has been represented through time in fictional accounts, film, other media, and central institutions and theoretical knowledge of memory composure as postulated by various academics both within the disciplines of history and in psychiatry (Popular Memory Group, 1982; van der Kolk, 1996).

My area of proposed research builds upon the research conducted for my Master's thesis, whereby I examined the life narratives of women who experienced CSA. I asked them to not only tell about their childhood experiences of abuse, but also to reflect upon the experience of how they came to terms with the question of why the sexual abuse occurred to them. They were able to relinquish self-blame and redefine themselves in positive ways, which essentially emphasized their resiliency. In juxtaposition to my findings is the large body of psychological/psychiatric research that emphasizes psychological symptoms, taking a static and fixed view of the individual (Greenwald, Leitenberg, Cado, & Tarran, 1990). Likewise other feminists note how medicine has pathologized women who experienced CSA by dwelling on symptoms and disorders, reducing them to a sick role.

The work will make a fundamental contribution to the body of knowledge in a subject area still considered in many respects as taboo, and bearing a considerable social stigma. In particular, this research expands understanding from a historical and feminist perspective. It will provide an alternative perspective within the discipline of nursing, which has been significantly influenced by medical ideologies and myths. By delving into women's consciousness of stereotypes and their own images of CSA, an understanding of how public and private memory intersect maybe gleaned. Furthermore the consciousness of women who experienced CSA from this period has not been explored with the exception of the psychiatric and medical views that further victimized these women. I am currently finalizing my proposal. Having completed substantive course work for my PhD in history, theory development, and research, I am well prepared to successfully undertake and complete the proposed research in the next two years under the co-supervision of Professors Olive Yonge given her expertise in psychiatric nursing and Janet Ross-Kerr who is an expert in history.

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APPENDIX D

Script for Initial Phone Contact

The study is an attempt to describe the life histories of women who experienced child sexual abuse during some portion of the period from 1920 to 1970. In addition the study wishes to examine societal images of child sexual abuse and your perceptions of these images. You are not required to give me your name, but may use a false one if you desire. The study consists of interviews where you will be asked to give your life history, describe the sexual abuse you experienced, and to reflect on stereotypes that you recall from past film, literature or other sources. The interviews will be taped with your permission, but your identity will remain unknown if this is what you want. There is an option of revealing your identity, as is customary in history, but only if wish to do this. You are under no obligation to reveal your identity to me. The tapes will be typed and all identifying information may be deleted at this point. You will be asked to review the typed interviews for the purpose of ensuring I have captured your story. At least two interviews are required and each may up to two hours in length. Do you have any questions?

APPENDIX E

Consent Form Information Sheet

Consent Form Information Sheet

Title: Historical Images of Child Sexual Abuse

Investigator: Ann Ranson Ratusz, RN, PhD (c)

Supervisors: Dr Olive Yonge, Dr. Janet Ross-Kerr, and Dr. Guy Thompson

Purpose: Is to describe the life histories and perceptions of women who experienced child sexual abuse, who lived anytime during the 1920s to 1970s.

Procedure: The first interview will be approximately 1 to 2 hours in length. The first interview will ask you to tell your life history. Successive interviews will be of the same time commitment. You will be asked to: (1) reflect on your life history; (2) describe images that you remembered from film, literature or from other sources, (3) and discuss these images or stereotypes as they pertained or did not pertain to your life. You are not required to do any writing. Following each interview and when tapes are typed, you will be asked to review transcripts for the purpose of editing, meaning you may add or delete any items as you see fit. Some aspects of the interview, i.e., only those aspects that describe past events such as feminist protests, will be examined in relation to other descriptions of these events as a point to check on the validity of the description. The interviews may be conducted at your home or at the University of Alberta in the Clinical Science Building. If neither of these locations is suitable another meeting place may be arranged.

Side Effects: The question that asks you to tell about the sexual trauma you experienced as a child may be upsetting, as this is traumatic for most women. You may feel like crying or have other emotional responses.

You will be treated with sensitivity, respect, and empathy. All disclosures are confidential and are not judged. If the interview becomes too upsetting we will stop and my role as a nurse as in the provision of therapeutic listening and emotional support will take precedence. In the event that the interview triggers more memories that are difficult to cope with, your safety will be ensured and assistance will be obtained if this is necessary (that is of course with your permission). Disclosure is voluntary and no memory recovery techniques will be used. Questioning will be done as to clarify points or information that was presented and is not done with the intent of forming a diagnosis or for treatment or for forming a judgment about the co-historian. No leading information will be provided in questions.

Benefits: Disclosure of traumatic events have been shown to result in improvements to the functioning of your immune system, a lowered blood pressure, and increase understanding of the trauma due to the fact that you have discussed it in the context of your life. However, the focus of the study is not to provide therapy.

Confidentiality: With your permission the interviews will be taped. You may stop the taping at any point. Consider the tape recorder as your control. A paid typist, who will be asked to pledge her/his oath of confidentiality, will type the tapes. In other words, the typist is not to talk to anyone about the content of tapes. A breech of confidentiality is considered unethical and will be treated as such. There are four people involved in this study. One person, Ann Ranson Ratusz, is the person completing the work to meet qualifications for a PhD in nursing, conducting the interviews, and writing the historical analysis. The other three people are academic advisers, each with expertise in history or counseling. They are also bound to maintain confidentiality. Identities in the historical analysis will reflect only what women wished to reveal. Tapes and transcripts will be locked in storage for a period of five years as per university regulations.

Anonymity: All identifying information will be deleted from the transcripts. You do not have to reveal your name to me and may elect to use a false name. That is up to you. You may also select a name that you wish to use for the purpose of the written historical analysis. However, in the event that you do not wish to keep your identity hidden and are comfortable with the risks associated with disclosing this, then identifying information will remain on transcripts. A separate consent form is provided for you if elect to reveal your identity. This decision is entirely up to you and is

	made according to your appraisal. You may change your mind at any point. Your decision will not bias the investigators in any manner as it your safety and well being that is of concern.
Time Commitment:	At least two interviews are required. The interviews will take approximately one to two hours of your time.
Withdrawal:	As your participation is completely voluntary, you may withdraw from this study at any time without prejudice. If at anytime you feel uncomfortable with the interview we will stop.
History Analysis:	Cohistorians will be asked to read the historical analysis as to solicit their input. You do not have to read it you do not wish to. Final copies will be available to all cohistorians.
Questions:	Do you have any questions? Do you understand the study? Do you want to participate? Do you wish to remain anonymous?

APPENDIX F

Consent Form for Remaining Anonymous

Consent Form for Remaining Anonymous

I acknowledge that the nature of this study has been described to me and that any questions that I have asked were answered to my satisfaction. I have been provided with an information sheet on the study and have read it. I understand that I am being asked to participate in two or more interviews where I will be asked to give my life history, accounts of child sexual abuse, and to reflect or discuss images of child sexual abuse. I understand that each interview may require two hours. I understand that the interview will be completed at my home or at the University of Alberta at my convenience. I have been assured that my responses during the interview will be confidential and **my identity will remain anonymous**.

I understand that I may keep a copy of the information sheet and this consent form, and I know that should I have any questions at any time, I may contact any one of the people involved in the research:

Dr. Olive Yonge

Ann Ranson Ratusz

I understand the risks and discomforts of the research study. I understand that I am free to withdraw from the study at any time without jeopardy to myself. I understand that I will receive no payment for my participation.

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Signature of Co-Historian　　　　Signature of Interviewer

Date ______________________________

APPENDIX G

Consent Form for **Not** Remaining Anonymous

Consent Form for **Not** Remaining Anonymous

I acknowledge that the nature of this study has been described to me and that any questions that I have asked were answered to my satisfaction. I have been provided with an information sheet on the study and have read it. I understand that I am being asked to participate in two or more interviews where I will be asked to give my life history, accounts of child sexual abuse, and to reflect or discuss images of child sexual abuse. I understand that each interview may require two hours. I understand that the interview will be completed at my home or at the University of Alberta at my convenience. I have been assured that my responses during the interview will be confidential and **my identity will not remain anonymous**. I fully understand the risks that are associated with revealing my identity.

I understand that I may keep a copy of the information sheet and this consent form, and I know that should I have any questions at any time, I may contact any one of the people involved in the research:

Dr. Olive Yonge

Ann Ranson Ratusz

I understand the risks and discomforts of the research study. I understand that I am free to withdraw from the study at any time without jeopardy to myself. I understand that I will receive no payment for my participation.

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Signature of Co-Historian Signature of Interviewer

Date ______________________________

APPENDIX H

Information Sheet for Not Remaining Anonymous

Information Sheet for Not Remaining Anonymous

Title: Historical Images of Child Sexual Abuse

Investigator: Ann Ranson Ratusz, RN, PhD (c)

Supervisors: Dr Olive Yonge, Dr. Janet Ross-Kerr, and Dr. Guy Thompson

Procedure: If you agree to reveal your identity then your name and the details of your life will be printed in transcripts and historical analysis. This also includes subsequent publications that would arise from this work.

Risks: The risks that are associated with revealing your identity include: (1) Negative social reactions such as stigmatization may result; (2) Denial from those who know you; and (3) Psychological harm.

Appendix I

Questions for Interviews

Questions for Interviews

First Interview

Questions for the first interview maybe worded as:

1). Before we begin the interview what prompted you to respond?

2). What would you like to obtain from the interview?

3). Would you tell me something about yourself, i.e., your occupation, age, education, and ethnicity?

4). If ready, would you tell me in your life story? Begin anywhere you want to. You may tell me it however you like. By life story I mean where you were born, where you grew up etc.

5). If comfortable, would you tell about your experience of CSA?

Additional questions will be formulated as the interview proceeds as to gain clarification, redirect conversation, reflect back what the person has said, and encourage talking.

Second Interview

1) Example: During the first interview you mentioned that you were sent to boarding school. Can you tell me more about this? What impact did this have on your life? What did this mean to you?

4). Would you think of an example of where CSA was portrayed in a novel, movie, film or in more formal literature such as medical literature when you were growing up? Or at another point in your life? When was this? How was CSA portrayed in this example? How would you describe this particular representation in relation to your life?